



CROSS-SERVICING IMPLEMENTATION GUIDE

**FINANCIAL MANAGEMENT SERVICE
DEBT MANAGEMENT SERVICES
DEBT SERVICES DIVISION
JANUARY 1999**

Introduction

Purpose:

The purpose of this document is to provide guidance to agencies on the Financial Management Service, Debt Management Service's (DMS) cross-servicing requirements. It will assist agencies in implementing the cross-servicing requirement that all debts over 180 days delinquent be transferred to the Department of the Treasury, in accordance with the requirements of the Debt Collection Improvement Act of 1996 (DCIA). It contains general information on the DCIA itself, how DMS collects agency debts, as well as what an agency needs to do to submit its debts for cross-servicing and the reporting that DMS provides to let the agency know the status of its referred accounts. The various forms and formats found throughout are also available upon request via Wordperfect, and Microsoft Word. The same form/format may be provided in more than one section of this guide; this is to minimize the need to "flip" back and forth between various sections and to ensure that each section is comprehensive.

This document will change and evolve as formats, requirements, and operations change over the course of time.

Questions/ Contacts:

Collection Policy Branch

Will provide agency services including the following:

- Agency Liaison
- General Information/ Collection Guidance
- Reports
- Negotiate Letters of Agreement

Branch Manager: Ellen Green (202) 874-9403

Email: ellen.green@fms.sprint.com

Agency Specialists:

- **Suzanne Thomas** (202)874-6243; Email: suzanne.thomas@fms.sprint.com
- **Steve Lopez** (202)874-6778; Email: steven.lopez@fms.sprint.com
- **Larry Phelps** (202)874-6548; Email: larry.phelps@fms.sprint.com

Introduction

Questions/ Contacts:

DMSC Systems Branch

- Manages the Debt Management Servicing Center (DMSC) System.
- Assists in the referral of debt electronically to DMSC.
- Responsible for DMSC financial transactions.

Branch Manager: Jeffrey Schramek (202) 874 -7025

Email: jeffrey.schramek@fms.sprint.com

Staff Accountant: JoJo Ferguson: (202) 874-7025

Email: jojo.ferguson@fms.sprint.com

OPAC Coordinator: Kenneth Kline (202) 874-7392

Email: kenneth.kline@fms.sprint.com

Private Collection Contract Branch

- Manages the Debt Collection Contract.
- Resolves PCA disputes.
- Responsible for PCA financial transactions.

Branch Manager: Mary Nelson (202) 874-6643

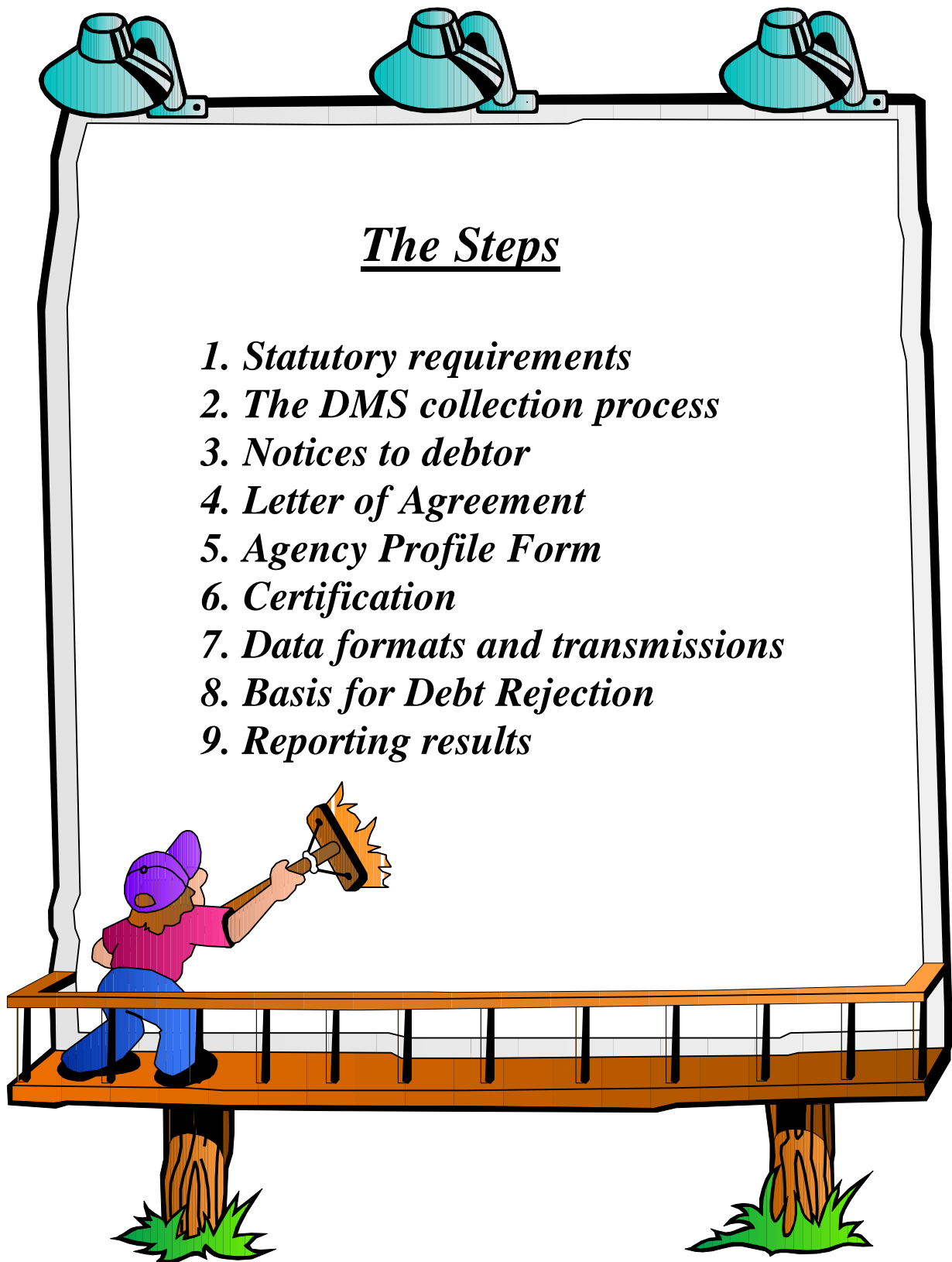
Email: mary.nelson-parent@fms.sprint.com

Staff Accountant: Quan Phan: (202) 874-6829; Email: quan.phan@fms.sprint.com

PCA Dispute Coordinator: Joann Williams: (202) 874-7195

Email: joann.williams@fms.sprint.com

General information can be located on the FMS/ DMS home page:
www.fms.treas.gov/debt/index.html.



- 1. Statutory requirements*
- 2. The DMS collection process*
- 3. Notices to debtor*
- 4. Letter of Agreement*
- 5. Agency Profile Form*
- 6. Certification*
- 7. Data formats and transmissions*
- 8. Basis for Debt Rejection*
- 9. Reporting results*



The Requirements for Cross-Servicing Under the Debt Collection Improvement Act of 1996

- The Debt Collection Improvement Act of 1996 was signed into law by the President on April 26, 1996. It became effective immediately.
- The DCIA requires agencies to transfer a debt or claim that has been delinquent 180 days or more to Treasury for collection, with the following exclusions:
 - ◆ The debt is in litigation or foreclosure, meaning that the debt has been referred to the Department of Justice, a complaint has been filed, or a notice of default has been issued.
 - ◆ The debt will be disposed of in an asset sales program within 1 year after becoming eligible for sale, or later than 1 year if consistent with an OMB/Treasury approved asset sales program.
 - ◆ The debt is at a private collection agency for a period of time established by Treasury.
 - ◆ The debt has been referred to a Federal debt collection center designated by Treasury. (Policies, procedures, and standards for becoming a debt collection center are available on the FMS Internet home page).
 - ◆ The debt will be collected by internal offset within 3 years of delinquency.

A specific class of debt may be exempted upon application to the Secretary of the Treasury. No such exemptions have been approved to date. Once a debt comes out of an excluded status, the debt will be transferred to Treasury within 30 days.

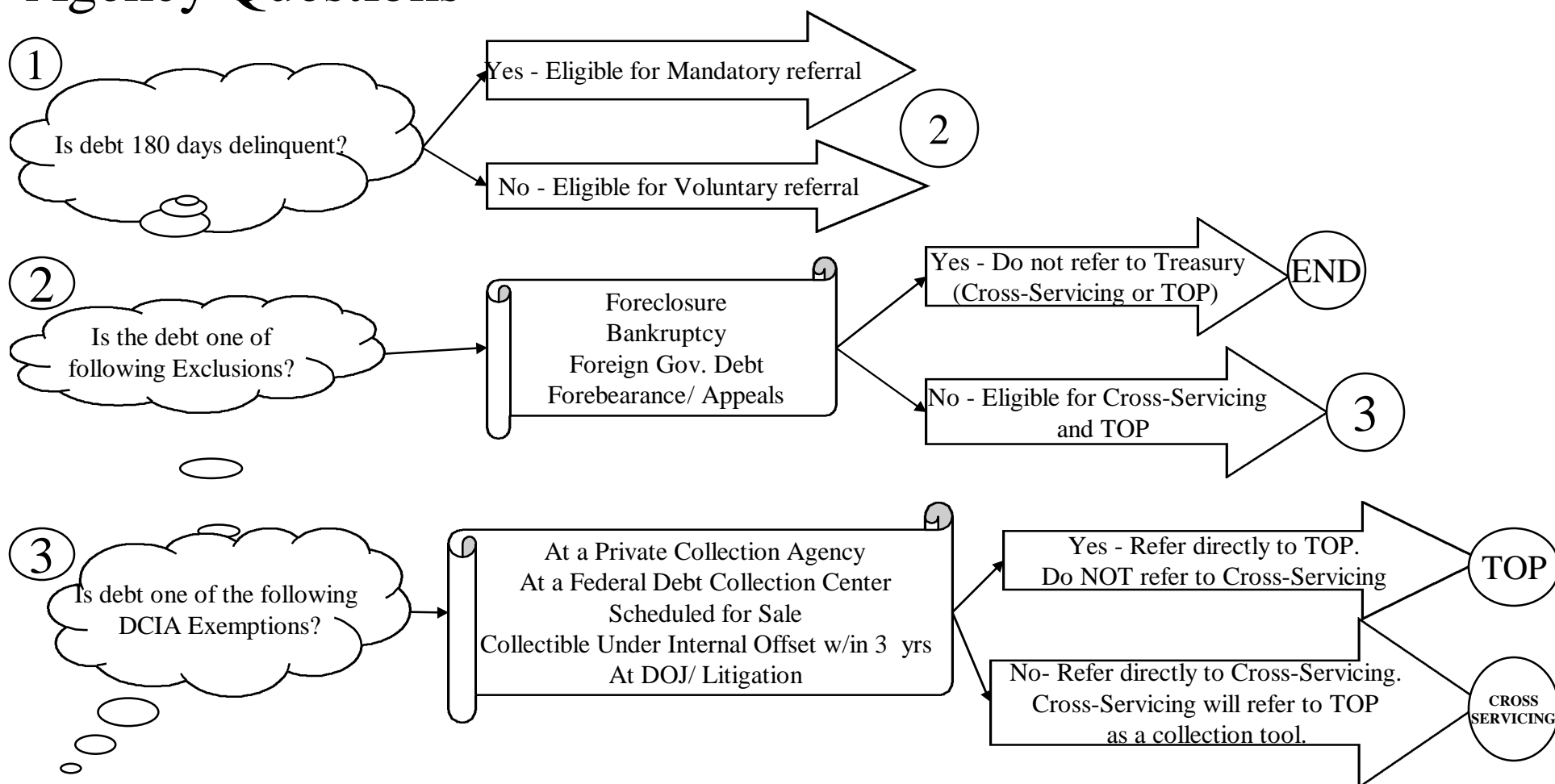
The Requirements for Cross-Servicing Under the Debt Collection Improvement Act of 1996

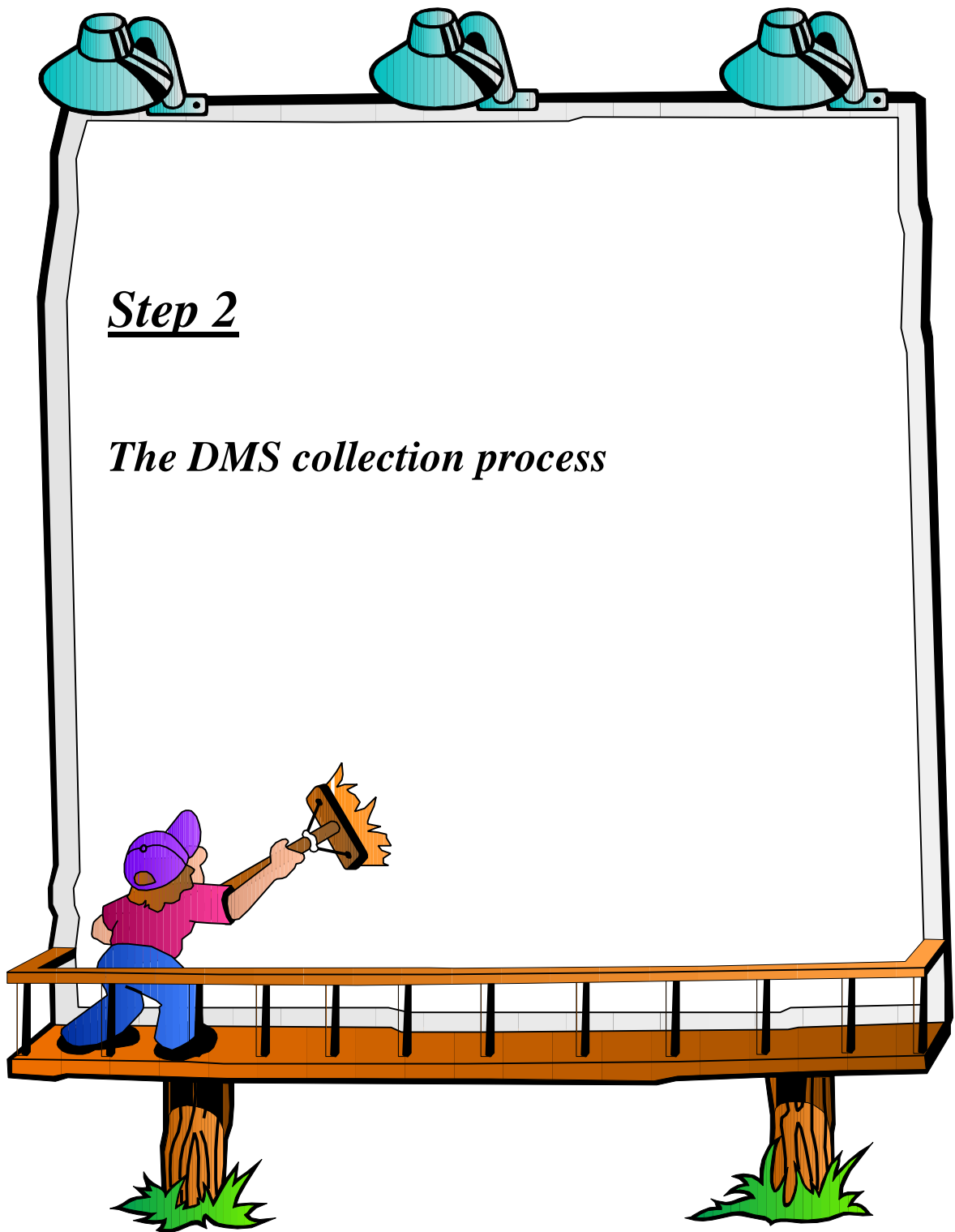
- Transfer has been defined to mean “mandatory” referral. It does not change the status of the debt as a receivable on the referring agency’s books.
- Referral of debt for the Treasury Offset Program does not satisfy the cross-servicing requirement. As the following graphic shows, they are two distinct requirements. As cross-servicer, DMS will put debts into offset as a collection tool; however, TOP does not refer debts for cross-servicing.
- DMS is not accepting debts:
 - ✖ that are in bankruptcy, since collection of such debts must be pursued through the courts;
 - ✖ of deceased debtors, since collection of these debts is doubtful at best. A proof of claim should be filed with the estate.
 - ✖ which are owed by Federal agencies or foreign governments, since the DCIA does not apply to these types of debts.
 - ✖ which are in an administrative appeals process until the process is completed and the amount set.

DMS is accepting debts owed by state and local governments.

What do I do with my delinquent debt?

Agency Questions





The DMS Collection Process

Collection Process:

DMS has established standard processes for accepting and collecting debts. These processes are consistent with government wide and Treasury requirements. The account referral process is detailed in steps 4 through 8 of this document.

The standard collection process is detailed below:

- ***demand letter.*** DMS will send out a standard demand letter, on Treasury letterhead within 5 days after acceptance of an account. The demand letter gives the debtor 10 days to respond.
- ***phone calls.*** DMS will begin making phone calls 10 days after the date of the demand letter, depending upon the amount of the debt.
- ***credit bureau reporting.*** This begins 60 days after a consumer debt is referred and 30 days after a commercial account. The reason for the delay is to ensure that a consumer debtor has the full 60 days from when the demand letter was mailed to make payment.
- ***offset.*** Twenty days after the date of the demand letter, the debt will be routed into the Treasury Offset Program. It will stay in the Treasury Offset Program for an indefinite period of time, with length of time determined by results.
- ***collection agencies.*** Thirty days after the date of the demand letter, the debt will be referred to a private collection agency (PCA). Treasury has a government wide contract in place and all referrals will be made to the Treasury contractors. The PCA's will be paid on their collections only. The PCA's are evaluated, and based on their performance may receive monetary bonus' or additional accounts.
- ***Department of Justice.*** DMS will recommend, and upon agency concurrence refer debts to the Department of Justice (DOJ). DMS will prepare the Claims Collection Litigation Report (CCLR) and monitor case progress while at DOJ.

Until a debt is referred to a private collection agency, DMS is actively pursuing collection, including purchasing credit reports, skiptracing, and negotiating compromise or repayment plans. Compromise and repayment plans will be negotiated within the parameters set by the agency in the Agency Profile Form (APF) (see step 5).

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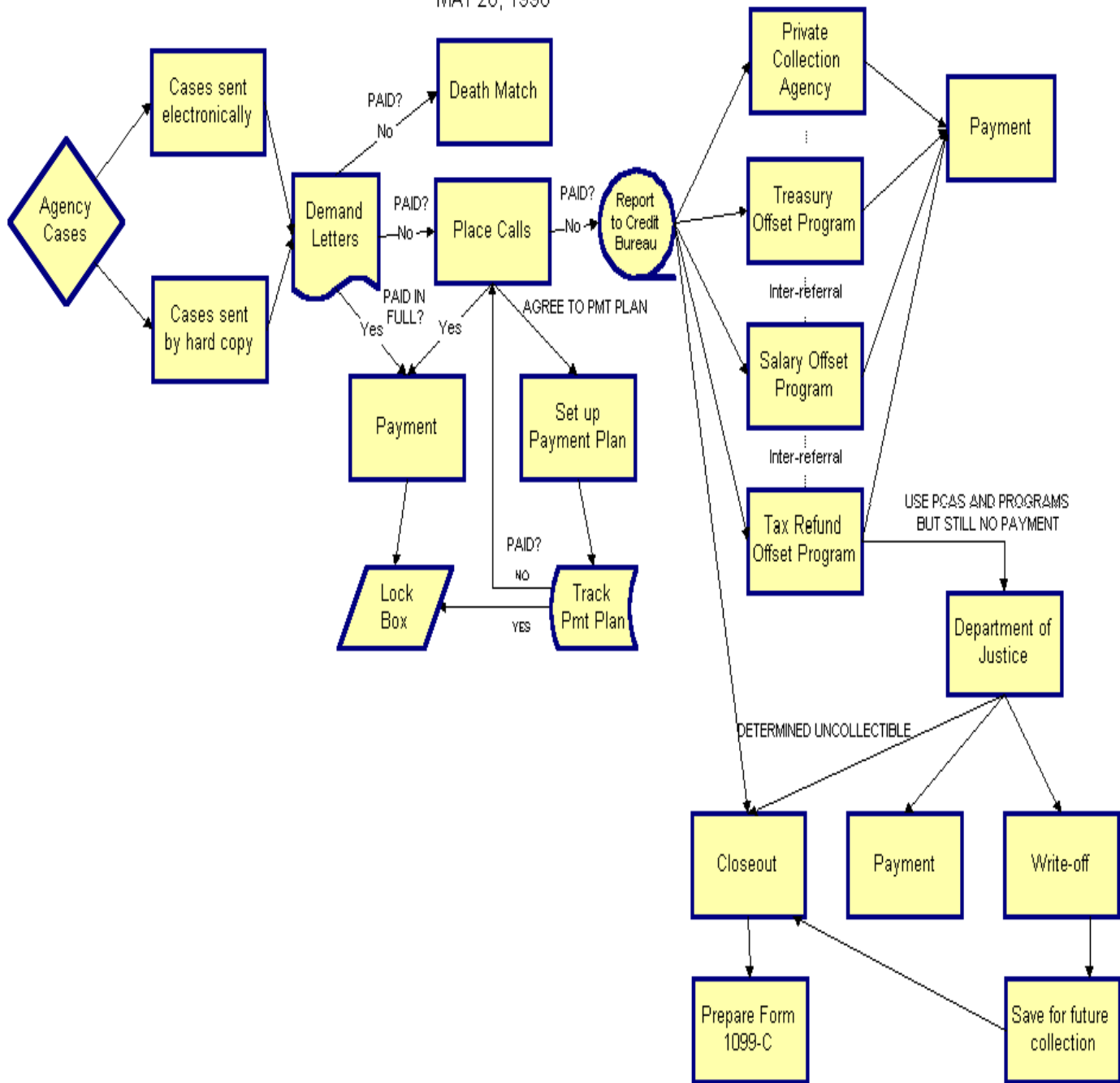
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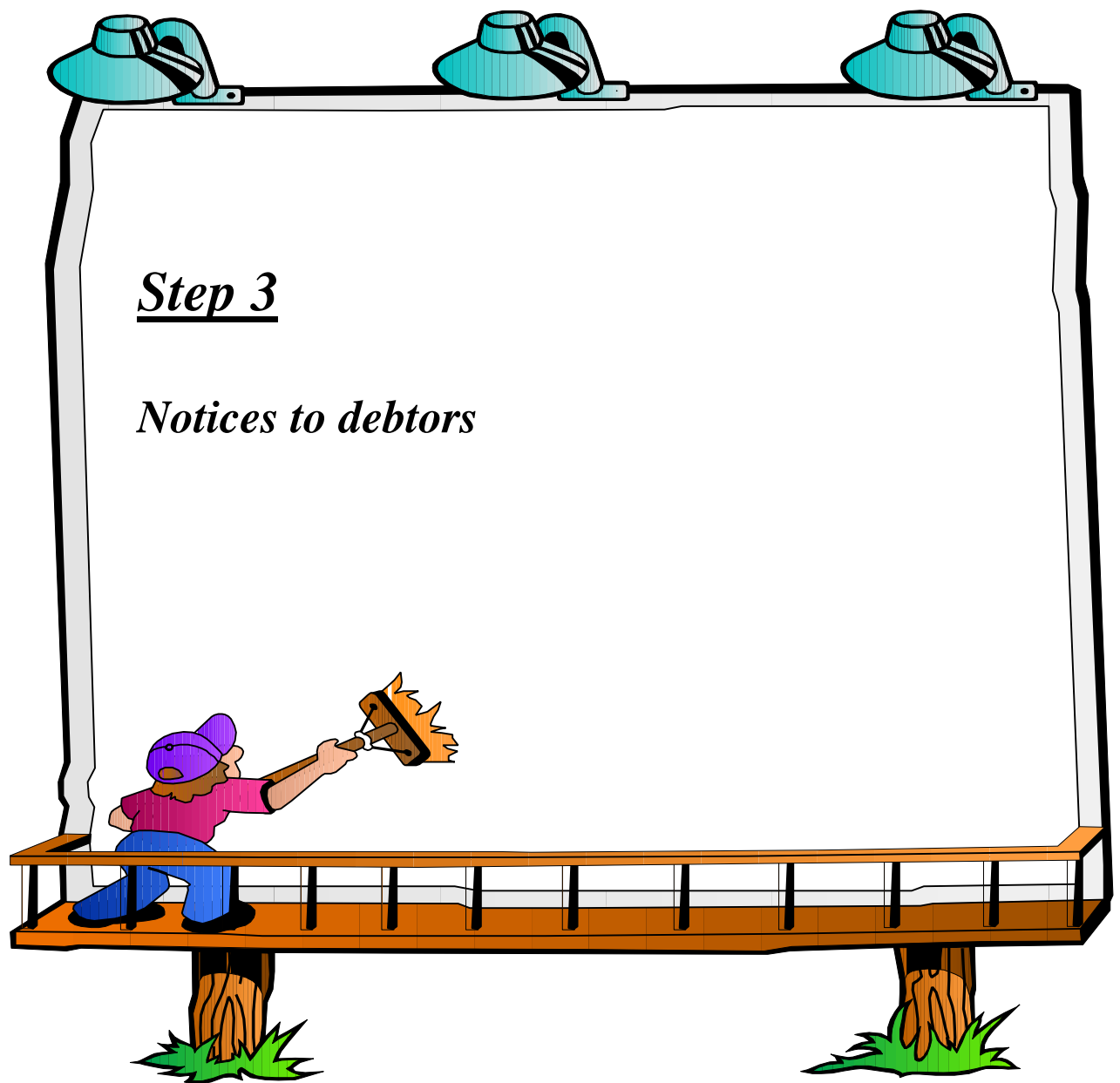
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FLOWCHART FOR DMS DEBT COLLECTION PROCESS

MAY 26, 1998





Notices to Debtors

As explained in the previous section, DMS sends one demand letter to debtors, within 5 days of debt receipt. DMS relies on the referring agencies to provide all due process notices to debtors and to certify to this effect at the time debts are referred for collection (see step 6). In addition, DMS relies on the agencies to ensure that they have covered the possibility that they will refer debts to Treasury, whether for offset or collection, in their system of records notices. Each agency should work with its Privacy Act or disclosure offices to ensure that the system of records notices are current.

Prior to referring debts to Treasury, an agency **must** inform the debtor of the amount and nature of the debt (such as overpayment, etc.), and actions which may be taken to enforce recovery of a delinquent debt. *These include:*

- *offset of any payments which the debtor is due, including tax refunds, and salary.*
- *referral of the debt to a private collection agency.*
- *referral of the debt to the Department of Justice or agency counsel for litigation.*
- *reporting of the debt to a credit bureau.*
- *reporting of the debt, if discharged, to IRS as potential taxable income.*

In the future, the agency will also need to inform the debtor that the debt may be subject to administrative wage garnishment, his/her identity may be published or publicly disseminated, and/or the debt may be sold.

The notice must tell the debtor that he/she has the:

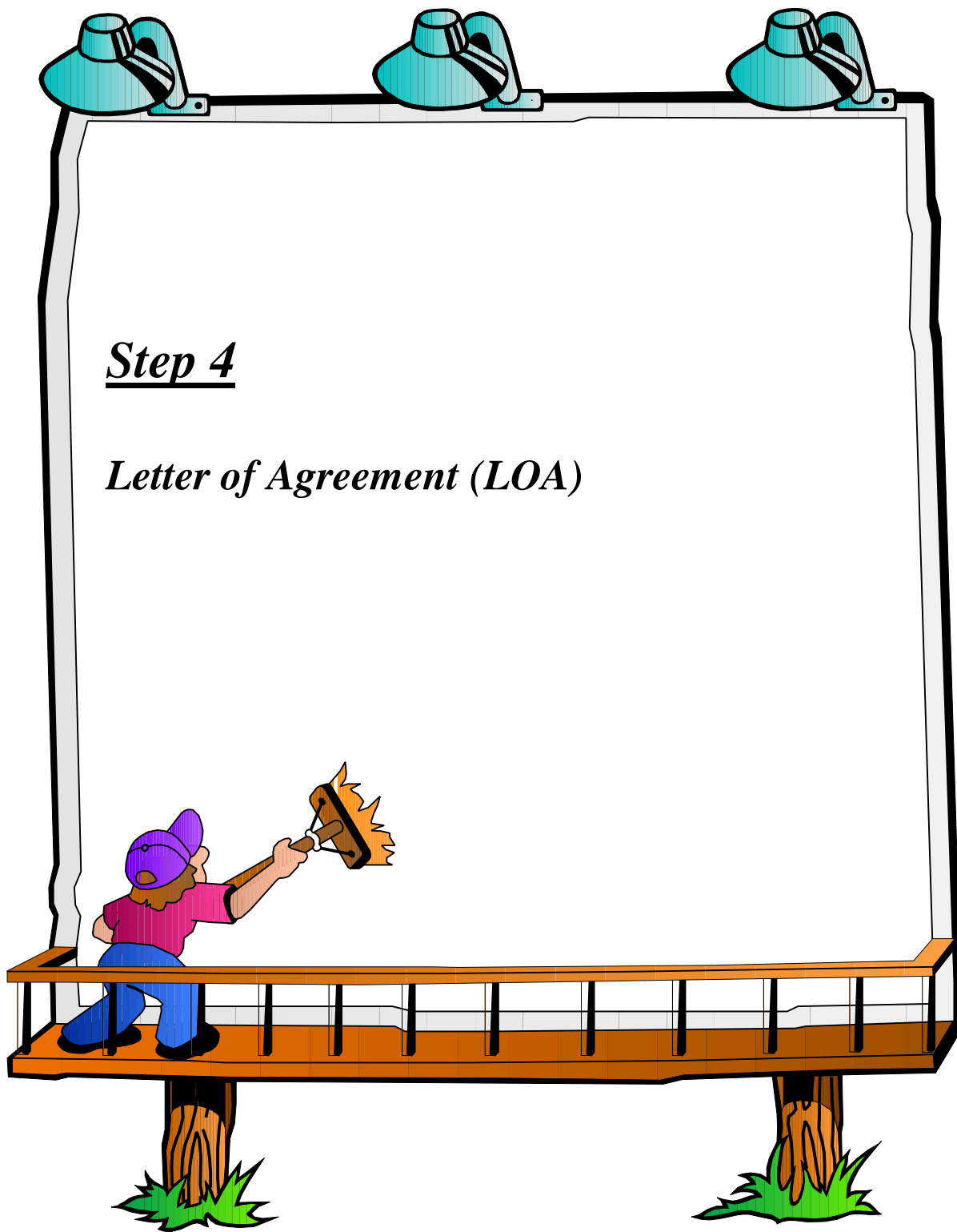
- opportunity to inspect and copy records relating to the debt;
- opportunity for a review within the agency; and
- opportunity to enter into a written repayment agreement.

An agency is not required to restate these rights, if already provided to the debtor, prior to sending an account for cross-servicing. However, the agency may find it effective to send a final notice to the debtor telling of the agency's intent to refer the debt to Treasury for collection unless repaid within a given period of time after the notice is sent.

The agency will send such notice to the last known address. There is no requirement that the notice be sent certified mail, unless such requirement exists in the agency's own statutes or regulations. If the notice is returned due to a bad address, the agency needs to file the notice, envelope and letter, as proof that the agency attempted notice. The agency can still certify (see step 6) that it has provided notice.

If DMS determines that additional notice is needed once a debt is referred, then it will provide such notice.

DMS Staff will work with you to ensure that you have provided your due process notices and will be happy to review any system of records notices for adequacy.



The Letter of Agreement

The Letter of Agreement (LOA)

- Is a standard agreement for all agencies. Differences which FMS and the agency agree to will be detailed in an addendum to the main document. Each agency needs to review the standard agreement and contact the DMS agency liaison to discuss changes to be incorporated into the addendum and to provide agency names and points of contact for the LOA.
- Details the terms and conditions of the cross-servicing arrangement agreed to by your agency and DMS.
- Contains 3 attachments for your information:
 1. The Agency Profile Form
 2. The agency certification
 3. The electronic transmission format

A detailed discussion of each of these attachments is contained in this guide (steps 5, 6, and 7 respectively).

- Is sent to and signed by an official with the authority to bind the organization at the department, agency, or office level as determined by your organization. Each department or agency must determine at what level the LOA will be signed.
- Is returned by the signatory agency to the DMS agency liaison. The agency may include the Agency Profile Form (Attachment A) with the signed LOA or may wait to complete with Debt Certification (Attachment B), until such time a referral is made.

[Date]

Dear [Agency Contact Name]:

This letter is in regard to the Financial Management Service (FMS) providing debt collection services on behalf of the [Agency Name]. These services will be provided in accordance with 31 U.S.C. § 3701 *et seq.*, as amended by the Debt Collection Improvement Act of 1996, to collect delinquent [Agency Name] debt.

The [Agency Name]:

- authorizes FMS to take all appropriate action to enforce collection of accounts referred to FMS, in accordance with applicable statutory and regulatory requirements, and agrees to advise FMS with respect to any statutory and regulatory provisions that uniquely affect [Agency Name]'s debt collection activities.
- will stop its own efforts to collect on accounts referred to FMS for debt collection services.
- will complete the Agency Profile form attached to this letter as **Attachment A** for [Agency Name] and for each distinct [Agency Name] program with specific debt collection requirements.
- will provide FMS with accurate, appropriate data, in a mutually agreeable medium, to facilitate performance of the debt collection operations, including any updates and corrections to the data, as necessary.
- will provide written certification to FMS (in the form attached to this letter as **Attachment B**) with respect to each debt or group of debts referred to FMS for debt collection services. FMS may suspend debt collection activity if FMS determines that [Agency Name]'s certification is incomplete, inaccurate or unreliable.
- will agree with FMS to a collection strategy for [Agency Name] (and as necessary for each referring [Agency Name] program) detailing the limitations and parameters required for the compromise, settlement or termination of collection action related to [Agency Name] debt. [Agency Name] will reply within five (5) business days to any FMS requests for information, requests for approval of debtors' compromise offers or installment payment plans and, failing a reply, [Agency Name] authorizes FMS to respond, on [Agency Name]'s behalf, to debtors' compromise offers or requests for installment payment agreements in a manner deemed appropriate and fair by FMS.

- will comply with the requirements of the *Privacy Act of 1974* (5 U.S.C. § 552a), as amended (Privacy Act), as applicable to individual debtors, including the publication of any required Privacy Act notices.
 - will publish administrative offset regulations (if not already published).
 - will pay services fees and charges to FMS as follows:
 - ◆ Fees and charges must be based on the actual costs incurred by FMS and may need to be periodically adjusted. Fees and charges will be retained by FMS from amounts collected on behalf of [Agency Name].
 - ◆ Except as set forth below, with respect to accounts referred to FMS for collection (including all post-judgment matters), [Agency Name] will pay to FMS a fee in an amount equal to 18% of funds collected.
 - ◆ The fee that [Agency Name] will pay to FMS shall be reduced to an amount equal to 3% of funds collected under one of the following circumstances:
 - ☐ When the funds are collected by a private sector collection agency;
 - ☐ When the funds are collected by Department of Justice (DOJ) after FMS has referred the account to DOJ, except with respect to accounts referred to DOJ for post-judgment enforcement.
or
 - ☐ When an offset from the Treasury Offset Program (TOP) occurs.
 - ◆ In addition to debt collection service fees due to FMS (and regardless of the amount of the service charge), if applicable, [Agency Name] will pay all contingency fees and other charges due to private sector collection agencies, DOJ, Internal Revenue Service for tax refund offset, FMS for Treasury Offset Program (TOP) fees, or any other Federal agency for services rendered relating to debt collection.
 - ◆ FMS is entitled to its service fee for all collections received, either by FMS or the [Agency Name], after FMS initiates collection action, including the issuance of demand letters or other attempts to contact the debtor.
-

The Financial Management Service/Debt Management Services (FMS):

- will be solely responsible for the maintenance of the delinquent debtor records in its possession and for ensuring that accounts are updated as necessary during the time period that FMS holds the account information.
 - may take any of the following collection actions on [Agency Name]'s behalf:
 - ✓ send demand letters on U.S. Treasury letterhead and telephone debtors;
 - ✓ refer accounts to credit bureaus;
 - ✓ skiptracing;
 - ✓ purchase credit reports to assist in the collection effort;
 - ✓ refer accounts for offset, including tax refund, Federal employee salary, and general administrative (TOP);
 - ✓ refer accounts to private collection agencies;
 - ✓ refer accounts to DOJ for litigation;
 - ✓ report written off/discharged debts to IRS on the appropriate Form 1099;
 - ✓ any additional steps necessary to enforce recovery; and
 - ✓ terminate collection action, as appropriate.
 - will handle debtor inquiries on amounts due during the time period that FMS holds the account information. In the event that a referred debtor disputes the validity of the debt or any terms and conditions related to any debt not reduced to judgment, FMS may return the disputed debt to [Agency Name] for its determination of debt validity.
 - will provide [Agency Name] with status reports on all collection activities. These reports will be sufficiently detailed for [Agency Name] to update its files and reconcile its accounts.
 - will provide [Agency Name] with a complete accounting of all service charges and fees, as requested by [Agency Name] and refund to [Agency Name] any fees erroneously paid to FMS. However, FMS may elect not to refund amounts less than \$10.
 - understands that [Agency Name]'s Inspector General continues to serve as the oversight authority over [Agency Name]'s activities and agrees to promptly respond to all requests for information from the [Agency Name] Inspector General.
 - will provide [Agency Name] with any information necessary (and in its possession) for [Agency Name] to respond to Congressional inquiries resulting from FMS's collection efforts.
 - will return account information for delinquent debts whose return is requested by [Agency Name] or which are closed out by FMS.
-

- will credit payments (less service fees and charges) to the appropriate ALC via OPAC.

Any disputes resulting from the debt collection services provided by FMS to [Agency Name] will be referred to **Nancy C. Fleetwood, Assistant Commissioner, Debt Management Services/FMS**, and **[Agency Contact Name]**, **[Agency Contact Title]**, **[Agency Name]**, or their respective designees, for resolution. To the extent statutory or regulatory provisions conflict with the terms of this letter, the requirements of the statutes and regulations will prevail.

Please acknowledge [Agency Name]'s agreement to the terms of this letter, by signing below.

Sincerely,

Nancy C. Fleetwood
Assistant Commissioner
Debt Management Services

Enclosures

I have read and understand the terms and conditions contained herein and agree, on behalf of [Agency Name], to be bound by them.

[Name and Title of Binding Official]
[Agency Name]

Date

AGENCY PROFILE FORM

Agency Information

Name: _____
Address Line 1: _____
Address Line 2: _____
City, State: _____
Zip Code (5 digit + 4, if known): _____
TIN: _____

Bureau Information

Name: _____
Address Line 1: _____
Address Line 2: _____
City, State: _____
Zip Code (5 digit + 4, if known): _____

Bureau Office Information

Name: _____
Address Line 1: _____
Address Line 2: _____
City, State: _____
Zip Code (5 digit + 4, if known): _____

Contact Information

Name: _____
Phone No.: _____
FAX No.: _____
Email Address: _____

Alternate Contact Information

OPAC Contact Name

Name: _____
Phone: _____
FAX No.: _____
Email Address: _____

For FMS Use Only: Office Code _____

Program Information

Program Name (s): _____

Agency Location Code (ALC) #: _____

Authorizing Statute: _____

Program Classification (Circle One)

Business

Child Support

Education

Foreign

Housing

Income Tax

State/Local

Other

Maximum Compromise Amount: _____* Maximum Compromise Percent: _____*

**Provide the maximum amount agency will allow Treasury to forgive without concurrence*

Regulatory Authority for Compromises Greater than \$100,000.00* Yes _____ No _____

**Does agency need DOJ approval for compromises greater than \$100,000.00?*

Minimum Monthly Repayment Amount (Installments): _____

Maximum Number of Months for Repayment: _____

Eligible for the Following Collection Actions (✓ next to whichever applies)

Referral to Private Collection Agency (PCA) Yes _____ No _____

Referral to Treasury Offset Program (TOP) Yes _____ No _____

Referral to Tax Refund Offset Program (TROP) Yes _____ No _____

Salary Offset Yes _____ No _____

Administrative Wage Garnishment* Yes _____ No _____

** If yes, agency needs to attach copy of hearing procedures.*

Credit Bureau Reporting * Yes _____ No _____

** If checked yes, provide name your agency used for Credit Bureau reporting.*

Agency Name: _____

Filing of 1099-C

Compromised amounts over \$600 Yes _____ No _____

Discharged debt over \$600 Yes _____ No _____

Fees (✓ next to whichever applies)

Add DMS fees to debt Yes _____ No _____

Add Private Collection Agency (PCA) fees Yes _____ No _____

Accruals (✓ next to whichever applies)

Continue to accrue financing interest* Yes _____ No _____

Continue to accrue late interest* Yes _____ No _____

Continue to accrue administrative costs Yes _____ No _____

Continue to accrue penalty Yes _____ No _____

**An agency cannot charge both financing interest and late interest. Financing interest is interest assessed for loans.*

ALL FIELDS ON THIS FORM ARE MANDATORY UNLESS OTHERWISE STATED.

Please note: An agency may duplicate this form as necessary to cover different requirements for different programs.

For FMS Use Only: Program Code: _____

CERTIFICATION - DEBT COLLECTION

With respect to the debts attached or transmitted with this certification, I certify the following:

1. ***Valid Debts.*** The debts are delinquent, valid and legally enforceable in the amounts stated.
 2. ***No Bar to Collection.*** The debts are not subject to any circumstances that legally preclude or bar collection, including collection by offset. There are no foreclosures pending with respect to any collateral securing a debt. The Agency's records do not show that any debtor owing a debt has filed for bankruptcy protection. Alternatively, the Agency can clearly establish that any automatic stay has been lifted or is no longer in effect.
 3. ***Administrative Offset and Tax Refund Offset.***
 - A. The Agency has complied with all of the provisions of 31 U.S.C. § 3716, 31 U.S.C. § 3720A, 31 C.F.R. § 285.2 (62 FR 34175, June 25, 1997), and the Federal Claims Collection Standards, as may be amended, as well as other statutes, regulations and policies applicable to collection by administrative offset and tax refund offset.
 - B. At least 60 days prior to the date of this certification, the Agency has provided, or made a reasonable attempt to provide in accordance with applicable offset regulations, each debtor with:
 - written notification, at the debtor's most current known address, of the nature and the amount of the debt, the intention of the Agency to collect the debt through administrative offset and tax refund offset, and an explanation of the rights of the debtor;
 - an opportunity to inspect and copy the records of the Agency with respect to the debt;
 - an opportunity for review within the Agency of the determination of the Agency with respect to the debt, including the opportunity to present evidence that all or part of the debt is not past-due or legally enforceable; and
 - an opportunity to enter into a written repayment agreement with the Agency.
 - C. The Agency has considered any evidence presented by the debtor and determined that the amount of the debt is past-due and legally enforceable and there are no pending appeals of such determination.
 - D. The Agency has, at minimum, made the following reasonable efforts to obtain payment of the debt: demanded payment and provided the debtor with the notice and opportunities described in paragraph 3.B.
-

4. ***Due Process Compliance for Salary Offset.***

- A. [Creditor Agency] has complied with all of the provisions of 5 U.S.C. § 5514 and 5 C.F.R. §§ 550.1101-1110, as may be amended, as well as other statutes, regulations and policies applicable to collection by salary offset.
- B. [Creditor Agency] has provided, or made a reasonable attempt to provide, each debtor with the notice, opportunities, and considerations described in paragraphs 3.B. and 3.C. and the additional notices and opportunities, including the opportunity for waiver consideration, required for salary offset.

5. ***Consumer Reporting Agencies.*** The Agency has complied with all of the provisions of 31 U.S.C. § 3711(e) and 4 C.F.R. Part 102, as well as other statutes, regulations and policies applicable to the Agency's reporting of delinquent debts to consumer reporting agencies. The Agency has:

- determined that the debts are valid and overdue;
- notified the debtor, more than 60 days prior to the date of this certification: (a) that the debt is overdue, (b) that the Agency intends to disclose to a consumer reporting agency that the debtor is responsible for the debt, (c) of the specific information to be disclosed to the consumer reporting agency, and (d) of the debtor's rights to an explanation of the claim, to dispute the information in the Agency's records about the claim, and to administrative repeal or review of the claim; and
- upon the request of a debtor, provided for a review of any debtor's claim, including an opportunity for reconsideration of the initial decision on the claim.

In addition, no debtor has repaid or agreed to repay the claim under a signed repayment agreement or filed for review of the claim.

6. ***Interest and Penalties.*** The Agency has complied with all of the provisions of 31 U.S.C. § 3717 and 4 C.F.R. Part 102, as well as other statutes, regulations and policies applicable to Agency's assessment of interest, penalties and administrative costs. The Agency has mailed or hand-delivered a written notice to all debtors explaining the Agency's requirements concerning the charges.

CERTIFICATION: Pursuant to 28 U.S.C. § 1746, I certify under penalty of perjury that to the best of my knowledge and belief, and/or based upon Agency certification, that the foregoing is true and correct. I certify that I have been delegated authority to execute this certification on behalf of the head of my agency.

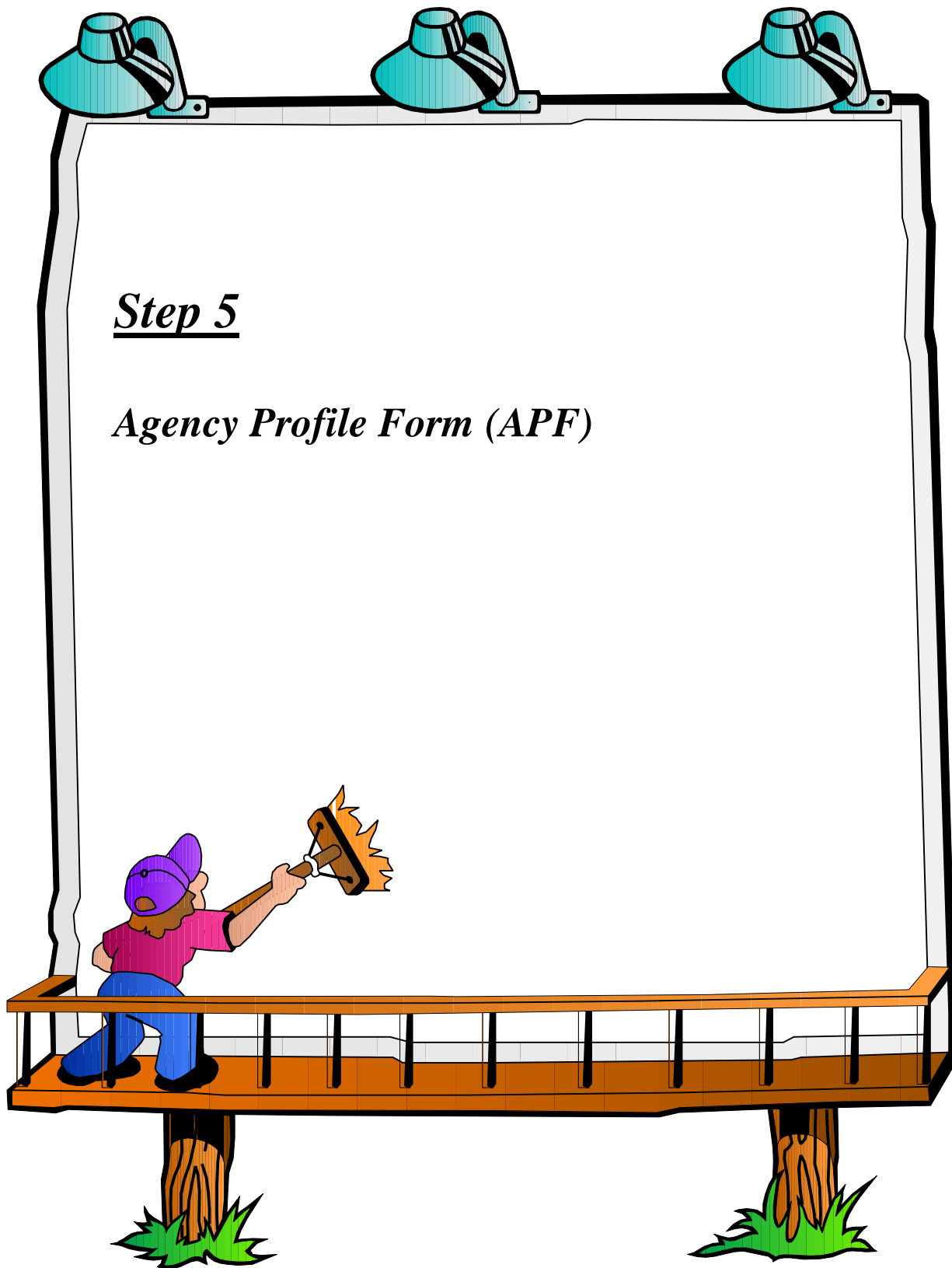
Date

Signature of Certifying Official

Print Name: _____

Title: _____

Agency: _____



The Agency Profile Form

The Agency Profile Form (APF): In General

- Is required for each program referring debts to DMS for cross-servicing.
- Must be completed prior to the referral of any debt so that the system will recognize an agency's/program's debts as acceptable for referral.

The Form: Section-by-Section Instructions

Agency Information

In this section, provide the name and address of the agency that is doing the referral or whose bureau is doing the referral. This would be the name/address of a cabinet level department, such as the Department of Agriculture, or of the independent agency, if not associated with a cabinet department. The Taxpayer Identification Number (TIN)/ Employer Identification Number (EIN) is required for 1099c issuance.

Bureau/Bureau Office Information

- Bureau Name** This would be the name of the sub-agency or bureau that is doing the referral. If there is no sub-agency, repeat the name provided above. ***Please note: this is the name that will be used on the demand letters to the debtors.***
- Bureau Office Name** This is the name of the specific office, within the sub-agency or bureau, doing the referral.
- Address** Provide the address of the referring organization, office, bureau or sub-agency. ***Please note: this is the address to which all reports will be sent.***
- Primary Contact** Provide the name, email address, phone, and fax number of the key point of contact within the referring organization. This will be the primary person with whom the appropriate DMS staff will make contact to resolve disputes, obtain information and provide reports.
- Alternate Contact** Provide the name, email address, phone and fax number of an alternate contact person within the referring organization. This individual should be authorized to act on behalf of the primary contact, in his/her absence.
-

The Agency Profile Form

OPAC Contact Provide the name email address, phone, and fax number of the individual who will be receiving the OPAC transmission and supporting reports. *Please note: this person is responsible for providing the OPAC supporting documentation on individual accounts to the primary contact or to the organization's accounting area.*

Program Information

Program Name Provide the official name of the program under which the debts arose. For example, "Salaries and Expenses, General Administration" or "Construction". *Please be sure that the name used here is the same as that used on the data entry forms.*

ALC ALC stands for agency locator code. Provide the 8-digit number that represents the area within the agency to which collections should be credited.

Authorizing Statute

Provide the statutory cite for the program under which the debts arose. This information will be used for the completion of the Claims Collection Litigation Report, should the agency and DMS determine that litigation is necessary.

Program Classification

Indicate the type of debt being referred under the above listed program. For example, a single family housing loan would be classified as "Housing"; a small business investment loan would be classified as "Business", etc.

The next four items allow the agency to specify the limits on the authority it is delegating to DMS for compromises and repayments.

Compromises For Max. \$ Amt., provide the maximum amount that the agency is willing to let DMS "forgive." For example, if, regardless of the amount of the debt, the agency decides it never wants DMS to "forgive" more than \$500,000, then this would be the amount provided on this line.

For Max. Percent., provide the maximum percent that the agency is willing to let DMS "forgive." For example, if a debt is \$100,000 and the agency is willing to let DMS accept \$90,000 without additional agency authorization, then the maximum compromise percent is 10%.

The Agency Profile Form

The maximum compromise percent and amount may be used together to establish two thresholds. For example, a maximum compromise amount of \$10,000 and percentage of 10% would mean that on a \$120,000, DMS could not compromise more than \$10,000. However, if the compromise amount was \$15,000, then DMS could compromise 10% or \$12,000.

Installment Agreements

For Min. \$ Amt., provide the minimum amount the agency will accept in an installment payment.

For Max. No. of Months, provide the maximum number of months that the agency will accept for a installment repayment agreement. Generally, this should be 36 months or less.

Eligibility for Various Collection Actions

Ensures compliance with the agency's collection plan. By indicating "No" for a given collection action our system will not allow this action to be taken. By indicating "Yes" for a given collection action, the system assumes all debts referred are eligible for that collection action.

If yes is selected for the filing of 1099c, the referring agency will still be able to decide if this collection action is appropriate on a case by case basis via the DMS Action Form.

If no is selected for the filing of 1099c, the system will block this function, and the referring agency will not have the option of deciding on a case by case basis.

Fees

Allows the agency to indicate whether the DMS, and PCA fee should be added to the debt. The selection of "No" for the DMS fee does not affect whether DMS will charge its fee on collections; it does affect, however, whether or not that fee is passed along to the debtor.

Accruals

Allows the agency to direct DMS on whether it wants to continue to accrue late fees on the referred debts. For each of these items, e.g., Financing Interest, Late Interest (e.g., under the Debt Collection Act of 1982), Administrative Costs (this represents the agency's own administrative costs), Penalty (presumed to be 6% annually as set by the Debt Collection Act of 1982), the agency should select "Yes" or "No". As the form notes, an agency cannot charge both financing and late interest, so one or the other of these interest lines should be marked "No".

AGENCY PROFILE FORM

Agency Information

Name: _____
Address Line 1: _____
Address Line 2: _____
City, State: _____
Zip Code (5 digit + 4, if known): _____
TIN*: _____

**Optional, unless 1099c requested.*

Bureau Information

Name: _____
Address Line 1: _____
Address Line 2: _____
City, State: _____
Zip Code (5 digit + 4, if known): _____

Bureau Office Information

Name: _____
Address Line 1: _____
Address Line 2: _____
City, State: _____
Zip Code (5 digit + 4, if known): _____

Contact Information

Name: _____
Phone No.: _____
FAX No.: _____
Email Address: _____

Alternate Contact Information

OPAC Contact Name

Name: _____
Phone: _____
FAX No.: _____
Email Address: _____

For FMS Use Only: Office Code _____

Program Information

Program Name (s): _____

Agency Location Code (ALC) #: _____

Authorizing Statute: _____

Program Classification (Circle One)

Business

Child Support

Education

Foreign

Housing

Income Tax

State/Local

Other

Maximum Compromise Amount: _____* Maximum Compromise Percent: _____*

**Provide the maximum amount agency will allow Treasury to forgive without concurrence.*

Regulatory Authority for Compromises Greater than \$100,000.00* Yes _____ No _____

**Does agency need DOJ approval for compromises greater than \$100,000.00?*

Minimum Monthly Repayment Amount (Installments): _____

Maximum Number of Months for Repayment: _____

Eligible for the Following Collection Actions (✓ next to whichever applies)

Referral to Private Collection Agency (PCA) Yes _____ No _____

Referral to Treasury Offset Program (TOP) Yes _____ No _____

Referral to Tax Refund Offset Program (TROP) Yes _____ No _____

Salary Offset Yes _____ No _____

Administrative Wage Garnishment* Yes _____ No _____

** If yes, agency needs to attach copy of hearing procedures.*

Credit Bureau Reporting * Yes _____ No _____

** If checked yes, provide name your agency used for Credit Bureau reporting.*

Agency Name: _____

Filing of 1099-C

Compromised amounts over \$600 Yes _____ No _____

Discharged debt over \$600 Yes _____ No _____

Fees (✓ next to whichever applies)

Add DMS fees to debt Yes _____ No _____

Add Private Collection Agency (PCA) fees Yes _____ No _____

Accruals (✓ next to whichever applies)

Continue to accrue financing interest* Yes _____ No _____

Continue to accrue late interest* Yes _____ No _____

Continue to accrue administrative costs Yes _____ No _____

Continue to accrue penalty Yes _____ No _____

**An agency cannot charge both financing interest and late interest. Financing interest is interest assessed for loans.*

ALL FIELDS ON THIS FORM ARE MANDATORY UNLESS OTHERWISE STATED.

Please note: An agency may duplicate this form as necessary to cover different requirements for different programs.

For FMS Use Only: Program Code: _____



Certification

DMS is requiring agencies to certify the following for each batch of debts referred:

- that the debts are delinquent, valid, and legally enforceable;
- that the debts are not subject to any bars against collection, such as a debtor in bankruptcy or the debt is in foreclosure;
- that the agency has complied with all due process notice requirements for administrative offset, salary offset, and credit reporting; and
- that the agency has provided notice regarding assessment of interest, penalties, and administrative costs.

DMS is requiring this certification for three primary reasons:

1. to ensure that the agency is referring debts that are subject to enforced recovery mechanisms;
2. to ensure that the agency has provided all due process rights, so that DMS can proceed with collection in an aggressive and time-conscious manner. As detailed in Step 2, DMS moves accounts through the collection process very quickly, based on Treasury action standards.
3. to allow Treasury to waive certain provisions of the Computer Matching Act to facilitate operation of the offset program.

DMS has developed a standard certification form that follows in this section. Debts that are not accompanied by an acceptable certification form will be rejected.

CERTIFICATION - DEBT COLLECTION

With respect to the debts attached or transmitted with this certification, I certify the following:

1. ***Valid Debts.*** The debts are delinquent, valid and legally enforceable in the amounts stated.
 2. ***No Bar to Collection.*** The debts are not subject to any circumstances that legally preclude or bar collection, including collection by offset. There are no foreclosures pending with respect to any collateral securing a debt. The Agency's records do not show that any debtor owing a debt has filed for bankruptcy protection. Alternatively, the Agency can clearly establish that any automatic stay has been lifted or is no longer in effect.
 3. ***Administrative Offset and Tax Refund Offset.***
 - A. The Agency has complied with all of the provisions of 31 U.S.C. § 3716, 31 U.S.C. § 3720A, 31 C.F.R. § 285.2 (62 FR 34175, June 25, 1997), and the Federal Claims Collection Standards, as may be amended, as well as other statutes, regulations and policies applicable to collection by administrative offset and tax refund offset.
 - B. At least 60 days prior to the date of this certification, the Agency has provided, or made a reasonable attempt to provide in accordance with applicable offset regulations, each debtor with:
 - written notification, at the debtor's most current known address, of the nature and the amount of the debt, the intention of the Agency to collect the debt through administrative offset and tax refund offset, and an explanation of the rights of the debtor;
 - an opportunity to inspect and copy the records of the Agency with respect to the debt;
 - an opportunity for review within the Agency of the determination of the Agency with respect to the debt, including the opportunity to present evidence that all or part of the debt is not past-due or legally enforceable; and
 - an opportunity to enter into a written repayment agreement with the Agency.
 - C. The Agency has considered any evidence presented by the debtor and determined that the amount of the debt is past-due and legally enforceable and there are no pending appeals of such determination.
 - D. The Agency has, at minimum, made the following reasonable efforts to obtain payment of the debt: demanded payment and provided the debtor with the notice and opportunities described in paragraph 3.B.
-

4. ***Due Process Compliance for Salary Offset.***

- A. [Creditor Agency] has complied with all of the provisions of 5 U.S.C. § 5514 and 5 C.F.R. §§ 550.1101-1110, as may be amended, as well as other statutes, regulations and policies applicable to collection by salary offset.
- B. [Creditor Agency] has provided, or made a reasonable attempt to provide, each debtor with the notice, opportunities, and considerations described in paragraphs 3.B. and 3.C. and the additional notices and opportunities, including the opportunity for waiver consideration, required for salary offset.

5. ***Consumer Reporting Agencies.*** The Agency has complied with all of the provisions of 31 U.S.C. § 3711(e) and 4 C.F.R. Part 102, as well as other statutes, regulations and policies applicable to the Agency's reporting of delinquent debts to consumer reporting agencies. The Agency has:

- determined that the debts are valid and overdue;
- notified the debtor, more than 60 days prior to the date of this certification: (a) that the debt is overdue, (b) that the Agency intends to disclose to a consumer reporting agency that the debtor is responsible for the debt, (c) of the specific information to be disclosed to the consumer reporting agency, and (d) of the debtor's rights to an explanation of the claim, to dispute the information in the Agency's records about the claim, and to administrative repeal or review of the claim; and
- upon the request of a debtor, provided for a review of any debtor's claim, including an opportunity for reconsideration of the initial decision on the claim.

In addition, no debtor has repaid or agreed to repay the claim under a signed repayment agreement or filed for review of the claim.

6. ***Interest and Penalties.*** The Agency has complied with all of the provisions of 31 U.S.C. § 3717 and 4 C.F.R. Part 102, as well as other statutes, regulations and policies applicable to Agency's assessment of interest, penalties and administrative costs. The Agency has mailed or hand-delivered a written notice to all debtors explaining the Agency's requirements concerning the charges.

CERTIFICATION: Pursuant to 28 U.S.C. § 1746, I certify under penalty of perjury that to the best of my knowledge and belief, and/or based upon Agency certification, that the foregoing is true and correct. I certify that I have been delegated authority to execute this certification on behalf of the head of my agency.

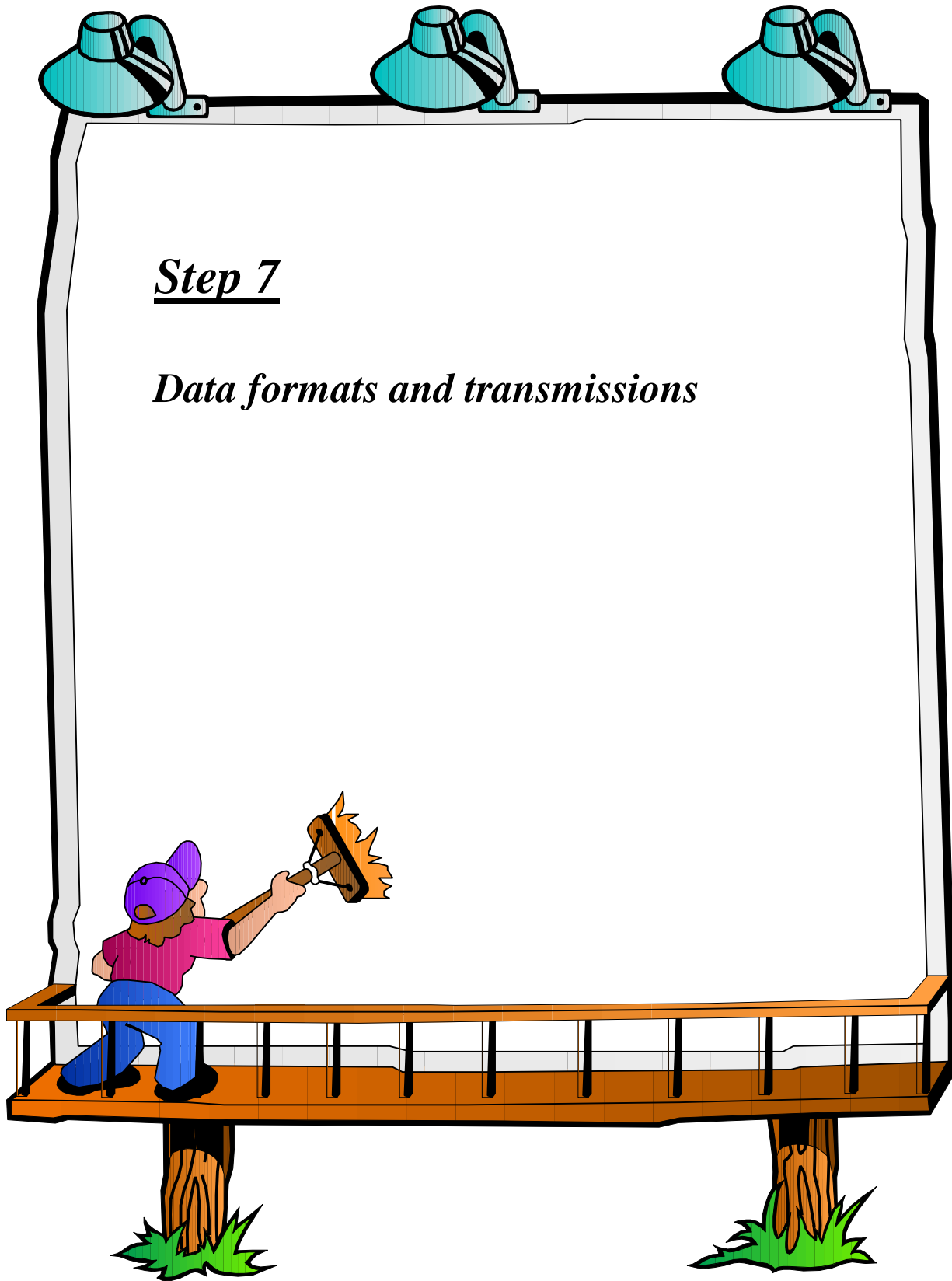
Date

Signature of Certifying Official

Print Name: _____

Title: _____

Agency: _____



Data Formats and Transmissions

Data submission can be sent to FMS several ways. Putting agency data in an accepted format is the responsibility of the referring agency. DMS will work with you to assist you in putting your agency's data into an accepted format.

- Data submission may be done electronically, using the electronic format provided in this section. The referring agency should send disks or cartridges to:

Debt Management Servicing Center
Universal Hi-Tech Development
1383 Piccard Drive
Rockville, MD 20850
Attn: DMSC Project Manager

For information on using File Transfer Protocol (FTP), or on the electronic format contact the DMSC Systems Branch Manager, Jeffrey Schramek on 202-874-8527, or by email at jeffrey.schramek@fms.sprint.com. You may also address questions to UHD's DMSC Project Manager on 301-926-8000 or by e-mail at mmanos@uhd.com.

DMS asks agencies to submit a test file of 10-20 cases prior to submitting a full file. In addition, DMS needs your completed Agency Profile Form for the debts in the file being submitted so that DMS can provide you with the required agency code and program code.

- Data submission may be done manually, using the manual formats provided in this section. The completed forms should be sent to:

Financial Management Service
Debt Management Services
3700 East West Highway, Room 236C
Hyattsville, MD 20782
Attn: E. Jalloh
(202) 874-8823

All data submissions must be accompanied by an agency certification form (see Step 6)



ELECTRONIC FORMAT

DMSC File Formats

General Instructions

1. Generate the file with records formatted as specified in the File Format that follows.
2. File formats are variable-length ASCII, with fields delimited by the vertical bar character (|), and records terminated by a standard CR. If using a Unix system, terminate records with CR + LF.
3. In every record, append a vertical bar delimiter (|) to every data field. If the value of any data field is null, the field must still be represented by a vertical bar (e.g.,...||... or | |).
4. Character fields may be left- or right-padded with blanks. For example, | Smith | is equivalent to |Smith|.
5. Numeric fields may be blank padded or left zero filled. For example, |001200.00 | is equivalent to |1200.00|.
6. For all fields, all-blanks is equivalent to null. That is, | | is equivalent to ||.
7. For numeric fields, zero is not equivalent to null. For example, if a field is mandatory and zero is a legal value, then || will be rejected but |0| will not. Conversely, if a field is optional, but zero is an illegal value, then |0| will be rejected but || will not.
8. All dates should be formatted as MMDDYYYY (e.g., 09181949 for September 18, 1949). Note that months 1-9 and days 1-9 must be left zero-padded. All-zeros is not a legal date.
9. Fields that have specified legal values are to be provided exactly as specified. The values read by the system in this situation are case sensitive.
10. All numeric data types, including dollar amounts, should be formatted without dollar signs or commas. Negative numbers, where legal, are indicated by a leading “minus” sign (-). Positive numbers should not have any “sign” symbol included.
11. Where a numeric length specification is a number followed by a comma and another number (e.g., 11, 2), you must insert an explicit decimal point; the first number indicates the total number of digits and the second number indicates the number of digits after the decimal point. For example, a numeric field specified as 11,2 has a maximum length of 12 characters: up to 9 before the decimal point, the decimal point, and two after the decimal point. In this case, any “minus” sign in the value would be included in the 9 characters before the decimal point (that is, there would be room for only 8 digits before the decimal point if the value is negative). Some examples follow:

Field Format	“Original” Numeric Value	Correct File Formatting
Numeric 11,2	\$15,500.20	15500.20
Numeric 11,2	-\$12,345,678.90	-12345678.90
Numeric 14,2	123,456,789,012.12	123456789012.12
Numeric 11,2	-\$123,456,789.00	doesn't fit!
Numeric 14,2	1,234,567,890,123.12	doesn't fit!

Definition of Values within Columns of the File Format Table that follows

Data Type:

- C = fixed length character (must be of specified length if not null)
- D = date
- N = numeric
- VC = variable length character (may be of any length up to specified length)

Value Required?:

- Y = yes, required
- N = no, not required
- * = conditional (explained in the Validation / Notes column)

Note on Physical Transfer of Files

The standard method of transferring files to and from DMSC is through the DMSC FTP Service. This is a mailbox-type pickup/drop-off service using software encryption and FTP over the Internet. Use of this service is described in the *DMSC FTP User's Guide*.

Alternative methods of file transfer may be available depending on the periodicity of file transfer. These methods include mailing diskettes, email attachments with encryption, and Connect:Direct over a dedicated line connected to FMS. Contact your FMS representative for more information.

ELECTRONIC CASE ENTRY FOR CROSS-SERVICING

Instructions to the Agency

1. Generate the file with records formatted as specified in the Agency File Format that follows.
2. Provide one and only one Control Record as the first line in the file.
3. When calculating the Record Count for the Control Record, include the Control Record in the count.
4. Track the number of files transmitted to the DMSC and record this number in each Control Record (File Sequence Number). In circumstances where the entire transmission is rejected, increase the File Sequence Number when transmitting a replacement file.
5. All debts must have unique debt identifiers (Agency Debt ID).
6. Do not submit cases in foreclosure, as defined by the Treasury.
7. Do not submit cases that are in litigation, as defined by the Treasury.
8. Do not submit cases with a balance less than \$20.
9. Submit only those cases that have not been previously submitted to the DMSC.
10. All debtors must have unique debtor identifiers (Agency Debtor ID).
11. Do not submit any debtors that are in any stage of bankruptcy proceedings.
12. Do not submit debtors that are deceased.
13. If debtor records (Record Header 02 or 03) are duplicated within the file, only the first record encountered will be read into the DMSC. Additional debtor records may not be used to submit additional information for banks, phone numbers, addresses, etc. To the extent possible, avoid submitting duplicate debtor records.
14. For each debtor that owes a debt, include an 04 record in the file. This record links a debt (01 record) with a debtor (02 or 03 record).

Special Instructions for Collection Activity Records (Record Header = 05)

For each case submitted, determine which of the five collection activities have been initiated. For example, if the case has been sent to a private collection agency and has had a judgment taken, then create two Collection Activity records (one for activity code PR1 and another for activity code JOB). If none of the collection activities have been initiated, do not submit any Collection Activity records.

If only the fact that the activity has been initiated is known and no additional information is available (for example, you know that the case has had a judgment taken, but do not know the date or amount of the judgment), you must provide a Collection Activity record for this case with information not known left null.

For all fields where a value is required for a Cross Service debt, but not required for a Pass Thru debt, if a value is supplied for a Pass Thru debt, it will be ignored by the system. No problem will be encountered.

Valid Codes:

Administrative Debt Classification:

EMA	Employee Advance
FEE	Fee
FIN	Fine
GRT	Grant
MSC	Miscellaneous Debt
OVP	Overpayment
PEN	Penalty

Association Code:

1	Individual
2	Joint Contractual Liability
3	Authorized User*
4	Joint Account
5	Cosigner*
6	On-Behalf-Of*
7	Signer*

* Not valid if the debtor is the primary debtor on the case.

Debtor Type:

COR	Corporation
IND	Individual
JTV	Joint Venture
OTH	Other
PAR	Partnership
SLG	State/Local Government
SPR	Sole Proprietorship

Relationship To Primary:

OTH	Other - this debtor's relationship to the primary debtor is not included elsewhere in this list
OWN	Owner - this debtor owns the business that is the primary debtor
PAR	Parent - this debtor is the parent of the primary debtor
PRE	President - this debtor is the president of the business that is the primary debtor
SHL	Shareholder - this debtor is a shareholder of the business that is the primary debtor
SIB	Sibling - this debtor is the sibling of the primary debtor
SLF	Self - this is the primary debtor (Value must = SLF when debtor is the primary debtor)
SPS	Spouse - this debtor is the spouse of the primary debtor
VPR	Vice President - this debtor is the vice president of the business that is the primary debtor

Type Of Business:

B	Banks
E	Education
F	Finance
I	Insurance
K	Contractors
L	Lumber/Bldg Material/Hardwr
M	Medical and Related Health
N	Natl Credit Cards/Airlines
O	Oil Companies
P	Personal Services (Non-Med)
Q	Mail Order Houses
U	Utilities and Fuel
V	Government
Y	Collection Services
Z	Miscellaneous, Not Elsewhere Classified

PCA (Private Collection Agency) Codes:

ACS	Aman Collection Service, Inc.
DCS	Diversified Collection Services, Inc.
ECS	Education Credit Services
GCS	GC Services
HGB	Heard, Goggan, Blair & Williams
NCI	Nationwide Credit, Inc.
NCM	National Credit Management Corporation
NCO	NCOgroup, Inc.
PGA	Payco General American Credits, Inc.
UAA	Unger & Associates, Inc.
VRC	Van Ru Credit Corporation

Agency File Format							
Field #	Field Name	Length (fixed or maximum)	Data Type	Value Req'd? Cross Service	Pass Thru	Description	Validation
Control Record							
1	Record Header	2	C	Y	Y	Indicates that this record contains control information.	00
2	Agency ID	9	C	Y	Y	Unique agency identifier - code assigned by DMS based on Agency Profile Form data.	
3	Debt Count	6	N	Y	Y	Total number of cases referred in this file.	> 0
4	Record Count	6	N	Y	Y	Total number of records in this file (all record types, including the Control Record).	> 0
5	Total Debt Amount	14, 2	N	Y	Y	The sum of the Referred Debt Balances for all cases referred in this file.	> 0.00
6	File Version Number	4	C	Y	Y	The version number of the Agency File Format being used by DMSC currently.	X1.0 for cross-servicing P1.0 for passthrough
7	File Sequence Number	6	N	Y	Y	Indicates that this is the <i>n</i> th file transmitted from the Agency to DMSC where $1 \leq n \leq 999,999$.	Must be greater than the File Sequence Number of the previous transmission file.
8	Upper-case Indicator	1	C	N	N	Indicates whether or not the data in this file is in all-uppercase characters. <ul style="list-style-type: none"> T = All-uppercase data. Certain data, such as debtor name and address, will be translated by the system to mixed-case. F = Mixed-case data. No translation will occur. 	T, F. If absent, assumed to be T (all upper-case data).
Debt Information							
1	Record Header	2	C	Y	Y	Indicates that this record contains debt information.	01
2	Originating Agency ID	9	C	Y	Y	Unique agency identifier - code assigned by DMS based on Agency Profile Form data.	
3	Reserved						Must be null.
4	Agency Debt ID	30	VC	Y	Y	Unique debt identifier used by the agency.	
5	Consumer/Commercial Debt	1	C	Y	Y	Indicates whether the debt was incurred for consumer (C) or commercial (M) purposes.	C, M May not be "C" (consumer) if the primary debtor for this debt is a business.
6	Secured/Unsecured Debt	1	C	Y	N	Indicates whether the debt is secured with any collateral or not. Value = "S" for Secured; "U" for Unsecured.	S, U

Agency File Format							
Field #	Field Name	Length (fixed or maximum)	Data Type	Value Req'd? Cross Service	Pass Thru	Description	Validation
7	Debt Type	1	C	Y	N	Indicates the type of debt. Value = "A" for Administrative Debt ; "L" for Loan.	A, L
8	Administrative Debt Classification	3	C	*	N	Classification of the debt for Credit Bureau reporting purposes.	* Required when Debt Type is A. Must be null when Debt Type is L. See Instructions to the Agency, Valid Codes, Administrative Debt Classification section.
9	Program Code	6	VC	Y	N	Agency/Bureau-specific Program - code assigned by DMS based on Agency Profile Form data.	
10	Delinquency Date	8	D	Y	Y	Date the debt became delinquent.	< system date Must be less than 180 days old for passthrough
11	Original Amount Of Debt	11, 2	N	Y	N	Amount of the original loan or administrative debt.	> 0.00
12	Original Award Date	8	D	N	N	Date of the original loan or administrative debt.	< system date
13	Referred Principal	11, 2	N	Y	Y	Amount of the debt principal at time of referral to DMSC.	>= 0.00
14	Referred Financing Interest	11, 2	N	Y	Y	Amount of financing interest accumulated at time of referral to DMSC.	>= 0.00
15	Referred Additional Interest	11, 2	N	Y	Y	Amount of additional interest or late charges accumulated at time of referral to DMSC.	>= 0.00
16	Referred Administrative Costs	11, 2	N	Y	Y	Amount of administrative costs accumulated at time of referral to DMSC.	>= 0.00
17	Referred Penalty	11, 2	N	Y	Y	Amount of penalty accumulated at time of referral to DMSC.	>= 0.00
18	Referred Debt Balance	11, 2	N	Y	Y	Total amount of the debt at time of referral to DMSC.	>= 20.00 for cross-servicing >= 100.00 for passthrough This value must equal the sum of the above debt components (fields 13 through 17).
19	Financing Interest Rate	4, 2	N	N	N	Interest rate charged on the debt - if Financing Interest is being charged.	Must be null if Additional Interest Rate is not null.
20	Additional Interest Rate	4, 2	N	N	N	Interest rate charged on the debt - if Additional Interest/Late Charge is being charged.	Must be null if Financing Interest Rate is not null.
21	Interest Calculation Date	8	D	Y	N	Date of the last interest calculation.	<= system date

Agency File Format

Field #	Field Name	Length (fixed or maximum)	Data Type	Value Req' d? Cross Service	Pass Thru	Description	Validation
Individual Debtor Information							
1	Record Header	2	C	Y	Y	Indicates that this record contains individual debtor information.	02
2	Agency Debtor ID	14	VC	Y	Y	Unique debtor identifier used by the agency.	
3	TIN	9	C	N	N	Debtor' s Taxpayer Identification Number (Social Security number).	Must be digits.
4	Attorney Name	60	VC	N	N	Debtor's attorney' s name.	
5	First Name	15	VC	Y	Y	Debtor' s first name.	
6	Middle Initial	1	C	N	N	Debtor' s middle initial.	
7	Last Name	35	VC	Y	Y	Debtor' s last name.	
8	Generation	3	VC	N	N	Indicates the debtor' s familial generation.	Jr., Sr., I, II, III, IV, V
9	Gender	1	C	N	N	Debtor' s gender.	M, F, U (unknown)
10	Date Of Birth	8	D	N	N	Debtor' s date of birth.	< system date
11	Fed Civilian Employee	1	C	N	N	Indicates whether the debtor is an active (A) or retired (R) federal employee or neither (N).	A, R, N
12	Fed Military Employee	1	C	N	N	Indicates whether the debtor is an active (A) or retired (R) military employee or neither (N).	A, R, N
13	Alias Type	3	C	N	N	Indicates whether the debtor is Also Known As (AKA), Formerly Known As (FKA), or Doing Business As (DBA) the alias name supplied in fields 14 through 17.	AKA, FKA, DBA
14	Alias First Name	15	VC	N	N	Debtor' s alias first name.	
15	Alias Middle Initial	1	C	N	N	Debtor' s alias middle initial.	
16	Alias Last Name	60	VC	N	N	Debtor' salias last name.	
17	Alias Generation	3	VC	N	N	Indicates the debtor' salias familial generation.	Jr., Sr., I, II, III, IV, V
18	Address Line 1	40	VC	Y	Y	First line of the debtor's primary address.	
19	Address Line 2	40	VC	N	N	Second line of the debtor's primary address.	
20	City	15	VC	Y	Y	City of the debtor' s primary address.	
21	State	2	C	Y	Y	State of the debtor' s primary address.	Standard USPS code.
22	Zip Code	5	C	Y	Y	Zip code of the debtor' s primary address.	Must be digits.
23	Zip Code Extension	4	C	N	N	Zip code extension of the debtor' s primary address.	Must be digits.
24	Area Code	3	C	N	N	Debtor's home phone area code.	Must be digits.
25	Phone Number	7	C	N	N	Debtor's home phone number.	Must be digits.
26	Phone Extension	4	C	N	N	Debtor's home phone extension.	Must be digits.

Agency File Format

Field #	Field Name	Length (fixed or maximum)	Data Type	Value Req'd? Cross Service	Pass Thru	Description	Validation
27	Bank Name	30	VC	N	N	Debtor' s bank' s name.	
28	Bank Address Line 1	40	VC	N	N	First line of the debtor' s bank' s address.	
29	Bank Address Line 2	40	VC	N	N	Second line of the debtor' s bank' s address.	
30	Bank City	15	VC	N	N	City of the debtor' s bank' s address.	
31	Bank State	2	C	N	N	State of the debtor' s bank' s address.	Standard USPS code.
32	Bank Zip Code	5	C	N	N	Zip code of the debtor' s bank' s address.	Must be digits.
33	Bank Zip Code Extension	4	VC	N	N	Zip code extension of the debtor' s bank' s address.	Must be digits.
34	1st Account Number	16	VC	N	N	Debtor' sbank account number.	
35	1st Account Type	3	C	N	N	Identifies the debtor' s bank account as either a primary checking (CK1), savings (SV1), or money market (MM1) account.	CK1, SV1, MM1
36	2nd Account Number	16	VC	N	N	Debtor' sbank account number.	
37	2nd Account Type	3	C	N	N	Identifies the debtor' s bank account as either a primary checking (CK1), savings (SV1), or money market (MM1) account.	CK1, SV1, MM1
38	3rd Account Number	16	VC	N	N	Debtor' sbank account number.	
39	3rd Account Type	3	C	N	N	Identifies the debtor' s bank account as either a primary checking (CK1), savings (SV1), or money market (MM1) account.	CK1, SV1, MM1
40	Property Type	1	C	N	N	Indicates whether the debtor' s property listed in the next field is either real (R) or personal (P).	R, P
41	Property Description	200	VC	N	N	Free-format description of the debtor' s property.	
42	Employer Name	60	VC	N	N	Debtor' s employer' s name.	
43	Employer Address Line 1	40	VC	N	N	First line of the debtor' s work address.	
44	Employer Address Line 2	40	VC	N	N	Second line of the debtor' s work address.	
45	Employer City	15	VC	N	N	City of the debtor' s work address.	
46	Employer State	2	C	N	N	State of the debtor' s work address.	Standard USPS code.
47	Employer Zip Code	5	C	N	N	Zip code of the debtor' s work address.	Must be digits.
48	Employer Zip Code Extension	4	C	N	N	Zip code extension of the debtor' s work address.	Must be digits.
49	Employment Area Code	3	C	N	N	Debtor's work phone area code.	Must be digits.
50	Employment Phone Number	7	C	N	N	Debtor's work phone number.	Must be digits.
51	Employment Phone Extension	4	VC	N	N	Debtor's work phone extension.	Must be digits.
52	Job Title	20	VC	N	N	Debtor' s job title.	
53	Salary	11, 2	N	N	N	Debtor' s salary figure.	

Agency File Format							
Field #	Field Name	Length (fixed or maximum)	Data Type	Value Req'd? Cross Service	Pass Thru	Description	Validation
54	Salary Cycle	1	C	N	N	Indicates the debtor's salary figure periodicity - Weekly (W), Bi-Weekly (B), Monthly (M), Annually (A), or Other (O).	W, B, M, A, O
55	Gross or Net	1	C	N	N	Indicates whether the debtor's salary figure is gross (G) or net (N).	G, N
Business Debtor Information							
1	Record Header	2	C	Y	Y	Indicates that this record contains business debtor information.	03
2	Agency Debtor ID	14	VC	Y	Y	Unique debtor identifier used by the agency.	
3	TIN	9	C	N	N	Business' Taxpayer Identification Number (Social Security number or Employer Identification number).	Must be digits.
4	TIN Type	3	C	*	*	Indicates whether the TIN above is an Employer Identification number (EIN) or a Social Security number (SSN).	* Required if TIN is not null. Must be null if TIN is null. EIN, SSN
5	Debtor Type	3	C	Y	N	Indicates which of the pre-defined debtor types this business is.	See Instructions to the Agency, Valid Codes, Debtor Type section.
6	Attorney Name	60	VC	N	N	Business' attorney name.	
7	Type Of Business	1	C	N	N	Indicates the business' industry.	See Instructions to the Agency, Valid Codes, Type Of Business section.
8	Business Name	60	VC	Y	Y		
9	Date of Incorporation	8	D	N	N	Date the business was incorporated.	< system date
10	State of Incorporation	2	C	N	N	State in which the business was incorporated.	Standard USPS code.
11	Business Contact Name	60	VC	N	N	Name of the person at the business to contact regarding the debt.	
12	Agent Name	60	VC	N	N	Name of the person who or business which is authorized to accept service of legal documents on behalf of the business.	
13	DUNS Number	9	VC	N	N	Business identifier assigned by Dun & Bradstreet.	
14	Alias Type	3	C	N	N	Indicates whether the business is Also Known As (AKA), Formerly Known As (FKA), or Doing Business As (DBA) the alias name supplied in field 17.	AKA, FKA, DBA
15	Reserved			N	N		Must be null.
16	Reserved			N	N		Must be null.

Agency File Format

Field #	Field Name	Length (fixed or maximum)	Data Type	Value Req'd? Cross Service	Pass Thru	Description	Validation
17	Alias Business Name	60	VC	N	N	Business' alias name.	
18	Reserved			N	N		Must be null.
19	Address Line 1	40	VC	Y	Y	First line of business' primary address.	
20	Address Line 2	40	VC	N	N	Second line of the business' primary address.	
21	City	15	VC	Y	Y	City of the business' primary address.	
22	State	2	C	Y	Y	State of the business' primary address.	Standard USPS code.
23	Zip Code	5	C	Y	Y	Zip code of the business' primary address.	Must be digits.
24	Zip Code Extension	4	C	N	N	Zip code extension of the business' primary address.	Must be digits.
25	Area Code	3	C	N	N	Business' phone area code.	Must be digits.
26	Phone Number	7	C	N	N	Business' phone number.	Must be digits.
27	Phone Extension	4	VC	N	N	Business' phone extension.	Must be digits.
28	Bank Name	30	VC	N	N	Business' bank' s name.	
29	Bank Address Line 1	40	VC	N	N	First line of the business' bank' s address.	
30	Bank Address Line 2	40	VC	N	N	Second line of the business' bank' s address.	
31	Bank City	15	VC	N	N	City of the business' bank' s address.	
32	Bank State	2	C	N	N	State of the business' bank' s address.	Standard USPS code.
33	Bank Zip Code	5	C	N	N	Zip code of the business' bank' s address.	Must be digits.
34	Bank Zip Code Extension	4	C	N	N	Zip code extension of the business' bank' s address.	Must be digits.
35	1st Account Number	16	VC	N	N	Business' bank account number.	
36	1st Account Type	3	C	N	N	Identifies the business' bank account as either a primary checking (CK1), savings (SV1), or money market (MM1) account.	CK1, SV1, MM1
37	2nd Account Number	16	VC	N	N	Business' bank account number.	
38	2nd Account Type	3	C	N	N	Identifies the business' bank account as either a primary checking (CK1), savings (SV1), or money market (MM1) account.	CK1, SV1, MM1
39	3rd Account Number	16	VC	N	N	Business' bank account number.	
40	3rd Account Type	3	C	N	N	Identifies the business' bank account as either a primary checking (CK1), savings (SV1), or money market (MM1) account.	CK1, SV1, MM1
41	Property Type	1	C	N	N	Indicates whether the business' property listed in the next field is either real (R) or personal (P).	R, P
42	Property Description	200	VC	N	N	Free-format description of the business' property.	

Debt-Debtor Information

Agency File Format							
Field #	Field Name	Length (fixed or maximum)	Data Type	Value Cross Service	Req' d? Pass Thru	Description	Validation
1	Record Header	2	C	Y	Y	Indicates that this record contains debt-debtor relation information.	04
2	Agency Debt ID	30	VC	Y	Y	Unique debt identifier used by the agency.	
3	Agency Debtor ID	14	VC	Y	Y	Unique debtor identifier used by the agency.	
4	Is Primary Debtor	1	C	Y	Y	Indicates whether this debtor is the primary debtor on this debt.	T, F
5	Relationship To Primary	3	VC	N	N	Indicates this debtor's relationship to the primary debtor on this debt.	See Instructions to the Agency, Valid Codes, Relationship To Primary section.
6	Association Code	1	C	N	N	Indicates this debtor's type of participation with this debt.	See Instructions to the Agency, Valid Codes, Association Code section.
7	Percent Liability	3	N	N	N	Indicates this debtor's percentage of liability for this debt.	>= 0 and <= 100
8	Date Reported to Credit Bureaus	8	D	N	N	The most recent date that this debtor was reported to the credit bureaus for this debt.	<= system date
Collection Activity Information (See Special Instructions on page 2 of this document)							
If the debt has been referred to the first collection agency, then provide the following record:							
1	Record Header	2	C	Y	Y	Indicates that this record contains collection activity information.	05
2	Agency Debt ID	30	VC	Y	Y	Unique debt identifier used by the agency.	
3	Reserved						Must be null.
4	Activity Code	3	C	Y	Y	Code used by DMSC to identify the first private collection agency referral.	PR1
5	PCA1 Referred Date	8	D	N	N	Date the debt was referred to the first private collection agency.	< system date
6	PCA1 Amount Referred	11, 2	N	N	N	Amount referred to the first private collection agency.	> 0.00
7	PCA1 Name	30	VC	N	N	First private collection agency name.	Use of the attached 3-character PCA codes is preferred, but not required.
If the debt has been referred to the second collection agency, then provide the following record:							
1	Record Header	2	C	Y	Y	Indicates that this record contains collection activity information.	05
2	Agency Debt ID	30	VC	Y	Y	Unique debt identifier used by the agency.	

Agency File Format								
Field #	Field Name	Length (fixed or maximum)	Data Type	Value Req'd?	Cross Service	Pass Thru	Description	Validation
3	Reserved							Must be null.
4	Activity Code	3	C	Y	Y		Code used by DMSC to identify the second private collection agency referral.	PR2
5	PCA2 Referred Date	8	D	N	N		Date the debt was referred to the second private collection agency.	< system date
6	PCA2 Amount Referred	11, 2	N	N	N		Amount referred to the second private collection agency.	> 0.00
7	PCA2 Name	30	VC	N	N		Second private collection agency name.	Use of the attached 3-character PCA codes is preferred, but not required.
If the debt has had a judgment taken, then provide the following record:								
1	Record Header	2	C	Y	N/A		Indicates that this record contains collection activity information.	05
2	Agency Debt ID	30	VC	Y	N/A		Unique debt identifier used by the agency.	
3	Reserved							Must be null.
4	Activity Code	3	C	Y	N/A		Code used by DMSC to identify the judgment.	JOB
5	Judgment Date	8	D	Y	N/A		Date of the judgment.	< system date
6	Judgment Amount	11, 2	N	N	N/A		Amount of the judgment.	> 0.00
7	Judgment Type	12	VC	N	N/A		Type of the judgment.	Default, Consent, Summary, Other
If the debt has been written-off of the agency's receivables ledger, then provide the following record:								
1	Record Header	2	C	Y	N/A		Indicates that this record contains collection activity information.	05
2	Agency Debt ID	30	VC	Y	N/A		Unique debt identifier used by the agency.	
3	Reserved							Must be null.
4	Activity Code	3	C	Y	N/A		Code used by DMSC to identify the debt as written-off by the agency.	AWC
5	Date Written Off	8	D	N	N/A		Date that the agency removed the debt from the agency's receivables ledger.	< system date
6	Amount Written Off	11, 2	N	N	N/A		Amount that the agency removed from the agency's receivables ledger.	> 0.00
7	Reserved							Must be null.
If the debtor has made payments, then provide the following record containing information about the <u>last</u> payment:								
1	Record Header	2	C	Y	N/A		Indicates that this record contains collection activity information.	05

Agency File Format

Field #	Field Name	Length (fixed or maximum)	Data Type	Value Req'd?	Cross Service	Pass Thru	Description	Validation
2	Agency Debt ID	30	VC	Y	N/A		Unique debt identifier used by the agency.	
3	Agency Debtor ID	14	VC	N	N/A		Unique debtor identifier used by the agency.	
4	Activity Code	3	C	Y	N/A		Code used by DMSC to identify the activity as a payment.	PAY
5	Last Payment Date	8	D	N	N/A		Date of this debtor's last payment on this debt.	< system date
6	Last Payment Amount	11, 2	N	N	N/A		Amount of this debtor's last payment on this debt.	> 0.00
7	Payment Receipt Location	6	C	N	N/A		Identifies the recipient of this debtor's last payment on this debt.	AGENCY

DMS to Cross-Servicing Agency (DTX) File Formats

<i>DTX OPAC File</i>						
Field #	Data Element	Length (max)	Data Type	Req	Description	Valid Values / Validations / Notes
Header Record						
1	Record Type	1	C	Y	Indicates the record format.	O (OPAC)
2	Transmission Date	8	D	Y	File transmission date.	Format MMDDYYYY. Will not be a future date.
3	Agency ID	9	VC	Y	Identifies the agency to which the file is being sent.	Value to be assigned to the agency by DMS.
Transaction Record						
1	Record Type	1	C	Y	Indicates the record format.	T (Transaction).
2	Referring Agency Debt ID	30	VC	Y	Debt identifier used by the referring agency.	
3	Referring Agency Debtor ID	14	VC	*	Debtor identifier used by the referring agency.	* Required if the transaction is debtor-specific. If the transaction applies to all debtors on the debt, this field will be null. This debtor will be a valid debtor on this debt.
4	DMS Debt ID	9	C	Y	Debt identifier assigned by the DMS system.	
5	Last or Business Name	60	VC	*	Last or business name of the debtor associated with the transaction.	* Required if the transaction is debtor-specific. If the debtor is an individual: contains the debtor's last name with, if available, a comma, a space and up to a 3-character generation value (Jr., Sr., I, II, III, IV, V).
6	First Name	15	VC	*	First name of the debtor associated with the transaction.	* Required if the transaction is debtor-specific and the debtor is an individual. Otherwise, the field will be null.
7	Middle Initial	1	C	N	Middle initial of the debtor associated with the transaction.	
8	Taxpayer Identification Number	9	N	N	Taxpayer Identification Number (SSN or EIN) of the debtor associated with the transaction.	
9	Program Code	6	VC	Y	DMS-assigned Program Code applicable to this debt.	
10	Transaction Origin	6	VC	Y	Identifies the source of the transaction	AGENCY (Collection by agency), DMSC (Collection via DMS' lockbox), PCA (Collection via PCA's lockbox), TOP (Collection from Treasury's Offset Program), DOJ (Collection by Dept. of Justice)

DMS to Cross-Servicing Agency (DTX) File Formats

<i>DTX OPAC File</i>						
Field #	Data Element	Length (max)	Data Type	Req	Description	Valid Values / Validations / Notes
11	Transaction Type	3	VC	Y	Identifies the transaction type	PAY (Payment) OFF (Offset) RP (Reverse Payment) ADJ (Adjustment) FEE (Fee Notification - for agency payments/reversals)
12	Transaction Date	8	D	Y	Effective date of the transaction.	Format MMDDYYYY. Will not be a future date.
13	Transaction Amount	11,2	N	Y	Total amount of the transaction.	For agency payments, this field will be zero
14	Fee Deduction	11,2	N	Y	Amount of fees deducted from transaction.	Will equal the sum of Charged DMS Fees, Charged PCA Fees, Charged TOP Fees, and Charged DOJ Fees.
15	Net Transfer	11,2	N	Y	Net amount transferred.	Will equal Transaction Amount minus Fee Deduction
16	Applied Principal	11,2	N	Y	Amount applied to principal.	If Transaction Type = FEE, this field will be zero.
17	Applied Interest	11,2	N	Y	Amount applied to interest.	If Transaction Type = FEE, this field will be zero.
18	Applied Penalty	11,2	N	Y	Amount applied to penalty.	If Transaction Type = FEE, this field will be zero.
19	Applied Admin Costs	11,2	N	Y	Amount applied to admin costs.	If Transaction Type = FEE, this field will be zero.
20	Applied Overage	11,2	N	Y	Amount applied to overage.	If Transaction Type = FEE, this field will be zero.
21	Applied DMS Fees	11,2	N	Y	Amount applied to DMS fees.	If Transaction Type = FEE, this field will be zero. If Transaction Type <> FEE, this field will be zero when DMS fees may not be charged to the debtor
22	Applied PCA Fees	11,2	N	Y	Amount applied to PCA fees.	If Transaction Type = FEE, this field will be zero. If Transaction Type <> FEE, this field will be zero when PCA fees may not be charged to the debtor
23	Applied TOP Fees	11,2	N	Y	Amount applied to TOP fees.	If Transaction Type = FEE, this field will be zero.
24	Applied DOJ Fees	11,2	N	Y	Amount applied to DOJ fees.	If Transaction Type = FEE, this field will be zero.
25	Charged DMS Fees	11,2	N	Y	DMS fees charged to the referring agency.	
26	Charged PCA Fees	11,2	N	Y	PCA fees charged to the referring agency.	
27	Charged TOP Fees	11,2	N	Y	TOP fees charged to the referring agency.	
28	Charged DOJ Fees	11,2	N	Y	DOJ fees charged to the referring agency.	
29	OPAC Date	8	D	Y	Date that this transaction was OPACed	Format MMDDYYYY. Will not be a future date.
30	OPAC Reference Number	10	VC	*	Reference number unique to this OPAC report	* Null for now. Will be a required field in the future.

DMS to Cross-Servicing Agency (DTX) File Formats

<i>DTX OPAC File</i>						
Field #	Data Element	Length (max)	Data Type	Req	Description	Valid Values / Validations / Notes
31	Agency Transaction ID	15	VC	*	Transaction identifier used by the referring agency.	* Will be present if transaction type is Fee Notification and the referring agency trans ID is available.
32	Agency Reversed Transaction ID	15	VC	*	Agency transaction identifier of the transaction being reversed.	* Will be present if transaction type is Fee Notification and original transaction was an agency reversal and the agency reversed trans ID is available.
33	DMS Transaction ID	15	VC	Y	Transaction identifier used by DMS.	
34	DMS Reversed Transaction ID	15	VC	*	DMS transaction identifier of the transaction being reversed.	* Will be present if transaction type is Reversed Payment
Trailer Record						
1	Record Type	1	C	Y	Indicates the record format.	Z (Trailer).
2	Total Record Count	5	N	Y	Total number of Records in the file, not counting the Header and Trailer Records.	Will be >= 0.
3	Total Transaction Amount	17,2	N	Y	Total Transaction Amount for all records (where Type = T) in the file	
4	Total Fee Deduction Amount	17,2	N	Y	Total Fee Deduction amount for all records (where Type = T) in the file	
5	Total Amount Transferred	17,2	N	Y	Total Net Transfer amount for all records (where Type = T) in the file	

Cross-Service Agency to DMS (XTD) File Formats

<i>XTD Update File</i>						
Field #	Data Element	Length (max)	Data Type	Req	Description	Valid Values / Validations / Notes
Header Record						
1	Record Type	1	C	Y	Indicates the record format.	U (Update).
2	Transmission Date	8	D	Y	File transmission date.	Format MMDDYYYY. Must not be a future date.
3	Agency ID	9	VC	Y	Identifies the agency that sent the file to DMS.	Must be a valid value in the Agency reference table.
Financial Record						
1	Record Type	1	C	Y	Indicates the record format.	F (Financial).
2	Referring Agency Debt ID	30	VC	Y	Debt identifier used by the referring agency.	
3	Referring Agency Debtor ID	14	VC	*	Debtor identifier used by the referring agency.	* Required if the transaction is debtor-specific. If the transaction applies to all debtors on the debt, this field must be null. This debtor must be a valid debtor on this debt.
4	Last or Business Name	60	VC	N	Debtor's last or business name.	If the debtor is an individual, contains the debtor's last name followed by, if available, a comma, a space and up to a 3-character generation value (Jr., Sr., I, II, III, IV, V).
5	First Name	15	VC	N	Debtor's first name.	Only to be used if the transaction is debtor-specific and the debtor is an individual. Otherwise, the field must be null.
6	Middle Initial	1	C	N	Debtor's middle initial.	Only to be used if the transaction is debtor-specific and the debtor is an individual. Otherwise, the field must be null.
7	Transaction Type	3	VC	Y	Identifies the type of financial transaction.	PAY (Payment) RP (Reverse Payment) ADJ (Adjustment)
8	Transaction Date	8	D	Y	Date of the transaction.	Format MMDDYYYY. Must not be a future date.
9	Transaction Amount	11,2	N	Y	Total amount of the transaction.	o Payments must be > 0. o Reverse payments must be < 0. o Adjustments < 0 will increase the debt balance. o Adjustments > 0 will decrease the debt balance. o Adjustments may not be 0.

Cross-Service Agency to DMS (XTD) File Formats

<i>XTD Update File</i>						
Field #	Data Element	Length (max)	Data Type	Req	Description	Valid Values / Validations / Notes
10	Transaction ID	15	VC	Y	Transaction identifier used by the referring agency.	Must be a unique identifier within the debt (ie, unique for Referring Agency Debt ID)
11	Reversed Transaction ID	15	VC	*	Agency transaction identifier of the transaction being reversed	* Required if transaction type is "RP". Otherwise the field must be null. Must correspond to a previously sent transaction of type "PAY".
Trailer Record						
1	Record Type	1	C	Y	Indicates the record format.	Z (Trailer).
2	Financial Record Count	5	N	Y	Number of Financial Records in the file.	Must be >= 0.
3	Unused					Leave null.
4	Unused					Leave null.
5	Total Record Count	5	N	Y	Total number of Records in the file, not counting the Header and Trailer Records.	Must be >= 0.



MANUAL FORMAT

Manual Debt/ Debtor Referral Forms

DEBT INFORMATION FORM INSTRUCTIONS

Note: All data submissions must be accompanied by a signed and dated agency certification form. Manual debt referrals are not recommended for large volumes. Items marked with an () indicate mandatory information that must be completed for each form.*

AGENCY*: Enter name of agency or bureau referring the debt. The name should be the same as that entered on the Agency Profile Form (APF).

AGENCY DEBT NUMBER*: Enter referring agency number which can be a combination of alpha and numeric characters with a maximum field up to 40 characters.

DEBT DESCRIPTION*: Select either consumer (a personal activity) or commercial (a business activity regardless of whether that activity has been undertaken by a individual or business).

DEBT SECURITY*: Select either secured or unsecured. Security is something given/pledged to guarantee the repayment of a loan or the fulfillment of an obligation.

DEBT TYPE*: Select loan if money was supplied on credit and skip to Program name entry. Select administrative if other debt type applies and identify below.

ADMINISTRATIVE CLASSIFICATION*: If administrative is applicable for debt type, select only one of the following types of debt: grant, overpayment, fine, penalty, fee, employee advance or miscellaneous debt.

PROGRAM*: Identify agency program name under which the debt arose. The name should be the same as that entered on the Agency Profile Form (APF). Each program should have an APF completed and submitted to FMS.

DATE OF DELINQUENCY*: Enter date debt became delinquent (as determined by each agency) in DD/MM/YY format.

ORIGINAL VALUE OF DEBT*: Enter dollar amount of debt which should be the original principal amount.

Manual Debt/ Debtor Referral Forms

BALANCE AT TIME OF REFERRAL TO THE DMSC:

Enter applicable dollar amounts of the debt up to two decimal points.

PRINCIPAL*: Enter dollar amount owed by the debtor to the government, excluding interest, penalties, administrative costs, fees and prepaid charges.

FINANCING INTEREST*: Enter applicable dollar amount of interest and late charges associated with the debt only if it is for a loan.

ADDITIONAL INTEREST (LATE CHARGE)*: Enter applicable dollar amounts accrued and assessed on a delinquent debt for all other types of debt. An agency can not charge both financing and late interest. Either financing or additional interest should be entered, not both.

ADMINISTRATIVE COST*: Enter dollar amount of costs incurred in processing and handling a delinquent debt. Costs should be accrued and assessed from the date of delinquency.

PENALTY*: Enter applicable dollar amount of punitive charge assessed for delinquent debts assessed from the date of delinquency.

TOTAL*: Enter applicable total dollar amounts that represent the sum of the principal, financing interest, additional interest, administrative cost and penalty associated with the debt.

The following items are needed but are not mandatory for data submission. However, if interest applies the items are mandatory.

TYPE OF INTEREST RATE: Select either financing interest or additional late charge assessed as a cost of extending credit as distinguished from late payment interest charged on a delinquent debt.

INTEREST RATE: Enter percentage rate using two decimal points. Do not enter fractions (example 6.25% not 6 1/4 %).

DATE OF LAST INTEREST CALCULATION: Enter date, DD/MM/YY, interest was last calculated.

HAS DEBT BEEN REFERRED TO PRIVATE COLLECTION AGENCY FOR 1ST REFERRAL :

Select yes if debt has been referred to a private collection agency by your agency. Select no if it has not been referred.

Manual Debt/ Debtor Referral Forms

HAS DEBT BEEN REFERRED TO PRIVATE COLLECTION AGENCY FOR 2ND REFERRAL:

Select yes if the debt has been referred to a second private collection agency by your agency or no if it has not been.

IS DEBT IN JUDGMENT: Select yes if the debt has been through judgment proceedings, select no if it has not.

(If yes to any of the above, please complete Additional Debt Information form)

CONTACT FOR DEBT INQUIRIES: Enter the name of the key point of contact within the referring organization who can respond to questions about the debt.

CONTACT PHONE NUMBER: Enter the phone and fax number of the key point of contact. Include E-mail address if available.

ADDITIONAL INFORMATION: If additional information is available, there are supplemental forms available for each of the Debt and Debtor information forms. An agency may also provide additional information or documentation to aid in the collection process, such as tax returns, financial statements and debt history.

Manual Debt/ Debtor Referral Forms

INDIVIDUAL DEBTOR FORM INSTRUCTIONS

Note: All data submissions must be accompanied by a Debt Information Form with an Individual Debtor form and or a Company/State or Local Government Debtor form. Items marked with an () indicate mandatory information.*

ASSOCIATED AGENCY DEBT NUMBER: Enter referring agency number which should be the same as on the Debt Information Form.

TIN: Enter Taxpayer Identification Number e.g., Social Security Number or Employee Identification Number. If provided case can be referred to the Treasury Offset Program.

LAST NAME*: Enter last name of debtor.

FIRST NAME*: Enter first name of debtor.

MIDDLE INITIAL: Enter middle initial of debtor.

GENERATION: Select one if applicable.

GENDER: Select one.

AKA / FKA/ DBA: Enter applicable alias names by which the debtor may be known; Also Known As, Formerly Known As, Doing Business As.

ADDRESS LINE 1*: Enter last known address of debtor.

ADDRESS LINE 2: Continuation of last known address.

CITY*: Enter last known city.

STATE*: Enter last known state.

PHONE: Enter last known telephone number of debtor.

PRIMARY DEBTOR*: Select yes, if the debtor is the person or entity who is liable for a debt.

Manual Debt/ Debtor Referral Forms

ANY GUARANTORS/CO-SIGNERS ETC*: Select yes, if the guarantor or co-signer is a person liable for a fixed or unlimited amount of debt owed by a third party to a particular creditor. Submit a separate Debtor Information Form for each additional responsible party.

DATE OF BIRTH: Enter date in DD/MM/YY format.

DATE OF DEATH: Enter applicable date in DD/MM/YY format.

DEBTOR IN BANKRUPTCY: Select yes or no.

DATE OF BANKRUPTCY: Enter applicable date in DD/MM/YY format.

BANKRUPTCY TITLE: Select one.

DATE OF LAST CONTACT WITH DEBTOR: Enter date in DD/MM/YY format.

DATE OF LAST DEMAND LETTER: Enter applicable date, DD/MM/YY.

DEBTOR RESPONSE: Enter applicable response and date.

Manual Debt/ Debtor Referral Forms

COMPANY/STATE OR LOCAL GOVERNMENT DEBTOR INSTRUCTIONS

Note: All data submissions must be accompanied by a Debt Information Form with a Individual Debtor form and or a Company/State or Local Government Debtor form. Items marked with an () indicate mandatory information.*

ASSOCIATED AGENCY DEBT NUMBER: Enter referring agency number which should be the same number on the Debt Information Form.

TIN: Enter taxpayer identification number.

COMPANY NAME*: Enter name.

COMPANY CONTACT: Enter contact name for company referred.

AKA / DBA/FKA: Enter applicable alias names (AKA- Also Known As, DBA - Doing Business As, FKA- Formerly Known As).

ADDRESS LINE 1*: Enter last known address.

ADDRESS LINE 2: Continuation of last known address.

CITY*: Enter last known city.

STATE*: Enter last known state.

ZIP CODE*: Enter last known zip code (nine digit preferred, but optional).

PHONE: Enter last known telephone number of debtor or company.

DEBTOR TYPE*: Select one.

PRIMARY DEBTOR*: Select yes, if the debtor is the person or entity who is liable for a debt.

Manual Debt/ Debtor Referral Forms

ANY GUARANTORS / CO -SIGNERS ETC.*: Select yes, if the guarantor or co-signer is any person liable for a fixed or unlimited amount of debt owed by a third party to a particular creditor. Submit a separate Debtor Information Form for each responsible party.

DEBTOR IN BANKRUPTCY: Select one

DATE OF BANKRUPTCY: Enter applicable date.

BANKRUPTCY TITLE: Select one if applicable.

DATE OF LAST CONTACT WITH DEBTOR: Enter date if known.

DATE OF LAST DEMAND LETTER: Enter applicable date.

DEBTOR RESPONSE: Enter applicable response and date.

Manual Debt/ Debtor Referral Forms

Debtor Information: Individual Debtor

(Please complete one form for each debtor on debt)

Associated Agency Debt Number _____

TIN _____

Last Name _____

First Name _____

Middle Initial _____

Generation: Jr. Sr. I II III IV V (Circle 1)

Gender: Male Female Unknown (Circle 1)

AKA / FKA / DBA _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____

Zip Code _____

Phone _____

Primary Debtor? Yes No (Assumes Yes)

Any guarantors/co-signers etc.? Yes No (Assumes No)

Please submit a separate Debtor Information Form for each additional responsible party

Date of Birth _____

Date of Death _____

Debtor in Bankruptcy? Yes No (Circle 1)

Date of Bankruptcy _____

Bankruptcy Title: 7 11 12 13 Unidentified (Circle 1)

Date of last contact with debtor _____

Date of last demand letter _____

Debtor Response: _____ No Response

_____ Debt disputed Date: _____

_____ Debt acknowledged Date: _____

Debtor Information: Company/ State or Local Government Debtor

(Please complete one form for each debtor on debt)

Associated Agency Debt Number _____

TIN _____

Company Name _____

Company Contact _____

AKA / DBA

Address Line 1 _____

Address Line 2 _____

City _____**State** _____**Zip Code** _____

Phone _____

Debtor Type: _____ Corporation
_____ Sole Proprietorship
_____ Partnership
_____ Joint Venture
_____ State or Local Government
_____ Other: _____

Primary Debtor? Yes No (Assumes Yes)**Any guarantors/co-signers etc.?** Yes No (Assumes No)

Please submit a separate Debtor Information Form for each Personal Guarantor

Debtor in Bankruptcy? Yes No

Date of Bankruptcy _____

Bankruptcy Title: 7 11 12 13 Unidentified

Date of last contact with debtor _____

Date of last demand letter _____

Debtor Response: _____ No Response

_____ Debt disputed Date: _____

_____ Debt acknowledged Date: _____

Debt Information

Agency _____

Agency Debt Number _____

Debt Description:	Consumer	Commercial
-------------------	----------	------------

Debt Security:	Secured	Unsecured

Debt Type:	Loan	Administrative
------------	------	----------------

Administrative Classification: _____ Grant
 _____ Overpayment
 _____ Fine
 _____ Penalty
 _____ Fee
 _____ Employee Advance
 _____ Miscellaneous Debt

Program: _____

Date of Delinquency _____

Original Value of Debt \$ _____

Balance at time of referral to the DMSC:

Principal \$ _____

Financing Interest \$_____

Additional Interest (Late Charge) \$_____

Administrative Cost \$ _____

Penalty \$ _____

Total \$ _____

Type of Interest Rate: Financing Interest Additional Late Charge (Circle One)

Interest Rate _____%

Date of last interest calculation _____

Has debt been referred to Private Collection Agency for 1st referral? Yes No

Has debt been referred to Private Collection Agency for 2nd referral? Yes No

	Yes	No
Is debt in judgment?		

(If yes to any of the above, please complete Additional Debt Information form)

Contact for Debt Inquiries

Contact Phone Number

Additional Debtor Information: Individual Debtor

(one form for each debtor on debt)

Agency Debt Number _____

Debtor Name _____

TIN _____

Relationship to Primary Debtor:

Self	Spouse	Sibling	Parent	Other :
Owner	President	Vice-President	Shareholder	Other:

Debtor's Association to Debt:

Individual	Signer	Joint Account	Joint Contractual Liability
Deceased	Co-Signer	Authorized User	On-Behalf-Of

% Debt Owning _____%

Guarantor/Co-signer Name* _____ * Only if no debtor information form on co-debtor

Please submit a separate Debtor Information Form for each guarantor

Employer _____

City, State, Zip, Country _____

Phone _____

Job Title _____

Salary: \$ _____ per: Hour Week Month Year Other: _____

Gross	Net	(Circle one)
-------	-----	--------------

Federal Employee Status

Civilian Employee: Active Retired Not applicable/unknown

Military Employee: Active Retired Not applicable/unknown

Bank Name _____

City, State, Zip, Country _____

Phone _____

Account # _____

Account Type: Checking Savings Other: _____

Personal Property Information _____

Real Property Information _____

_____ Last Payment

Information Date: _____ Amount \$ _____

Miscellaneous collection notes _____

Additional Debtor Information: Company/ State or Local Government Debtor
(one form for each debtor on debt)

Agency Debt Number _____
Company Name _____
TIN _____

Debtor's Association to Debt:

Individual	Signer	Joint Account	Joint Contractual Liability
Deceased	Co-Signer	Authorized User	On-Behalf-Of

% Debt Owning _____

Guarantor/Co-signer Name* _____ * Only if no debtor information form on co-debtor
Please submit a separate Debtor Information Form for each guarantor

Type of Business _____
DUNS Number _____
Date of Incorporation _____
State of Incorporation _____
Bank Name _____
City, State, Zip, Country _____
Phone _____
Account # _____
Account Type: Checking Savings Other: _____

Personal Property Information _____

Real Property Information _____

Last Payment Information Date: _____ Amount \$ _____

Miscellaneous collection notes _____

Additional Debt Information

Agency Debt Number _____

Basis of Claim: _____ Claim evidenced by note, guarantee, surety obligation
 _____ Claim evidenced by statute or regulation
Statute: _____

Original Award Date _____

Terms (of original loan) _____ In # months (or years for housing loans)

Summary of Collection Activities _____

Last Credit Reporting Date _____

PCA(1) Name _____

PCA(1) Referral Date _____

Amount collected \$ _____

PCA(2) Name _____

PCA(2) Referral Date _____

Amount collected \$ _____

Date sent to DOJ _____

Judgment Date _____

Judgment Type: Default Consent Summary Other: _____

Judgment Amount \$ _____

Date Written-Off _____

Amount Written-Off \$ _____

Other collection actions _____

Please note: additional debt and debtor information is optional. Required data on the debt and debtor are in bold.

DEBTOR PROFILE FORM

FOR JUDGMENT DEBT

Individual Debtor

(Please complete one form for each debtor on debt)

***Associated Agency Debt Number** _____

TIN _____

***Last Name** _____

***First Name** _____

Middle Initial _____

Generation: Jr. Sr. I II III IV V (Circle 1)

Gender: Male Female Unknown (Circle 1)

AKA / FKA / DBA _____

***Address Line 1** _____

Address Line 2 _____

***City** _____

***State** _____

***Zip Code** _____

Phone _____

***Primary Debtor?** Yes No (Assumes Yes)

***Any guarantors/co-signers etc.?** Yes No (Assumes No)

Please submit a separate Debtor Information Form for each additional responsible party

Date of Birth _____

Date of Death _____

Debtor in Bankruptcy? Yes No (Circle 1)

Date of Bankruptcy _____

Bankruptcy Title: 7 11 12 13 Unidentified (Circle 1)

Date of last contact with debtor _____

Date of last demand letter _____

Debtor Response: _____ No Response Date: _____
 _____ Debt disputed Date: _____
 _____ Debt acknowledged Date: _____

****Indicates mandatory information.***

DEBTOR PROFILE FORM FOR JUDGMENT DEBT

Company/ State or Local Government Debtor

(Please complete one form for each debtor on debt)

***Associated Agency Debt Number** _____

TIN _____

***Company Name** _____

Company Contact _____

AKA / DBA _____

***Address Line 1** _____

Address Line 2 _____

***City** _____

***State** _____

***Zip Code** _____

Phone _____

***Debtor Type:**

_____	Corporation
_____	Sole Proprietorship
_____	Partnership
_____	Joint Venture
_____	State or Local Government
_____	Other: _____

***Primary Debtor?** Yes No (Assumes Yes)

***Any guarantors/co-signers etc.?** Yes No (Assumes No)

Please submit a separate Debtor Information Form for each Personal Guarantor

Debtor in Bankruptcy?	Yes	No			
Date of Bankruptcy	_____	_____	_____	_____	_____
Bankruptcy Title:	7	11	12	13	Unidentified

Date of last contact with debtor _____

Date of last demand letter _____

Debtor Response:	_____	No Response	Date:	_____
	_____	Debt disputed	Date:	_____
	_____	Debt acknowledged	Date:	_____

****Indicates mandatory information.***

DEBT PROFILE FORM FOR JUDGMENT DEBT

Debt Information

Agency _____

Agency Debt Number _____

Debt Description: Consumer Commercial

Debt Security: Secured Unsecured

Debt Type: Loan Administrative

Judgment Type: Default Consent Summary Other: _____

Administrative Classification: _____ Grant
_____ Overpayment
_____ Fine
_____ Penalty
_____ Fee
_____ Employee Advance
_____ Miscellaneous Debt

Program: _____

Date of Delinquency _____

Date of Judgment _____

Judgment Amount \$ _____

Type of Interest Rate: Financing Interest Additional Late Charge Post-Judgment (*Circle One*)

Interest Rate _____%

Date of last interest calculation _____

Balance at time of referral to the DMSC:

Principal/ Disgorgement \$ _____

Financing Interest/ Pre-judgment Interest \$ _____

Additional Interest (Late Charge)/ Post-judgment int. \$ _____

Administrative Cost \$ _____

Penalty \$ _____

Total \$ _____

Has debt been referred to Private Collection Agency for 1st referral? Yes No

Has debt been referred to Private Collection Agency for 2nd referral? Yes No

(If yes to any of the above, please complete Additional Debt Information form)

Is Debt Joint and Several? Yes No

If yes, list with whom and related debt amount.

<u>Debtor Name</u>	<u>Debt Amount</u>
_____	_____
_____	_____

Is Debt related to an existing FMS referral? Yes No

If yes, list debt/ debtor _____

Are related debts also being referred? Yes No

If yes, list debt/ debtor _____

Contact for Debt Inquiries _____ Contact Phone Number _____

DEBTOR PROFILE FORM

FOR JUDGMENT DEBT

Additional Debtor Information: Individual Debtor

(one form for each debtor on debt)

Agency Debt Number _____

Debtor Name _____

TIN _____

Relationship to Primary Debtor:

Self Spouse Sibling Parent Other : _____

Owner President Vice-President Shareholder Other: _____

Debtor's Association to Debt:

Individual Signer Joint Account Joint Contractual Liability

Deceased Co-Signer Authorized User On-Behalf-Of

% Debt Owning _____

Guarantor/Co-signer Name* _____ * Only if no debtor information form on co-debtor

Please submit a separate Debtor Information Form for each guarantor

Employer _____

City, State, Zip, Country _____

Phone _____

Job Title _____

Salary: \$ _____ per: Hour Week Month Year Other: _____

Gross Net (Circle one)

Federal Employee Status

Civilian Employee: Active Retired Not applicable/unknown

Military Employee: Active Retired Not applicable/unknown

Bank Name _____

City, State, Zip, Country _____

Phone _____

Account # _____

Account Type: Checking Savings Other: _____

Personal Property Information _____

Real Property Information _____

Last Payment Information Date: _____ Amount \$ _____

Power of Attorney _____

Known Relatives _____

Miscellaneous collection notes _____

DEBTOR PROFILE FORM

FOR JUDGMENT DEBT

Additional Debtor Information: Company/ State or Local Government Debtor
(one form for each debtor on debt)

Agency Debt Number _____
Company Name _____
TIN _____

Debtor's Association to Debt:

Individual	Signer	Joint Account	Joint Contractual Liability
Deceased	Co-Signer	Authorized User	On-Behalf-Of

% Debt Owning _____

Guarantor/Co-signer Name* _____ * Only if no debtor information form on co-debtor
Please submit a separate Debtor Information Form for each guarantor

Type of Business _____
DUNS Number _____
Date of Incorporation _____
State of Incorporation _____
Officers of Business _____

Bank Name _____
City, State, Zip, Country _____
Phone _____
Account # _____
Account Type: Checking Savings Other: _____

Personal Property Information _____
Real Property Information _____

Last Payment Information Date: _____ Amount \$ _____

Miscellaneous collection notes:

DEBTOR PROFILE FORM

FOR JUDGMENT DEBT

Additional Debt Information

Agency Debt Number _____

Basis of Claim: _____ Claim evidenced by note, guarantee, surety obligation
 _____ Claim not evidenced by note but by the following statute or regulation:

Original Award Date _____

Terms (of original loan) _____ In # months (or years for housing loans)

Summary of Collection Activities _____

Last Credit Reporting Date _____

PCA(1) Name _____

PCA(1) Referral Date _____

Amount collected \$ _____

PCA(2) Name _____

PCA(2) Referral Date _____

Amount collected \$ _____

Date sent to DOJ _____

Date returned from DOJ _____

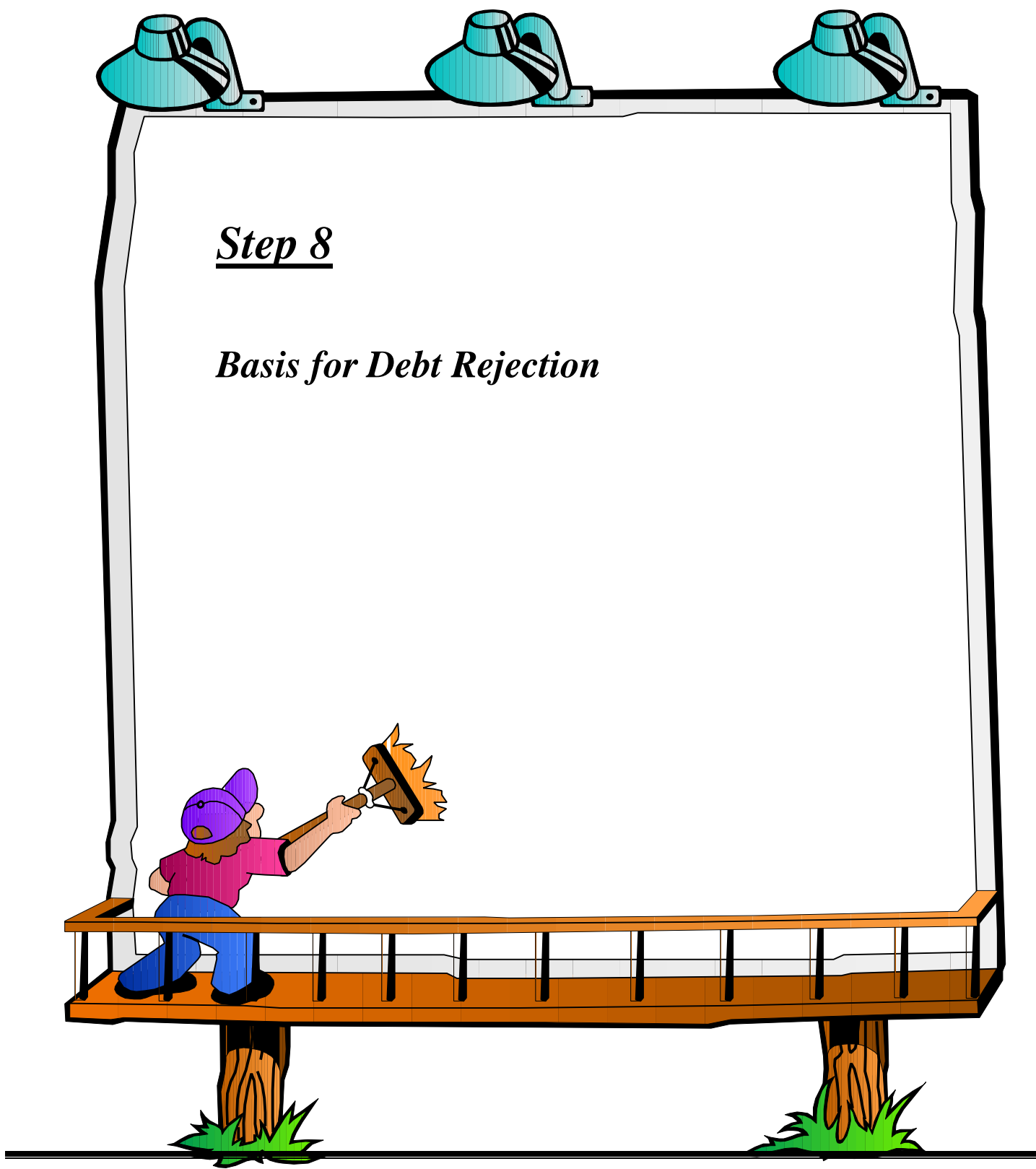
DOJ Actions _____

Date Written-Off _____

Amount Written-Off \$ _____

Other collection actions

Please note: additional debt and debtor information is optional. Required data on the debt and debtor are in bold.



Basis for Debt Rejection

DMS cannot begin collection action on debts from a specific referring agency's program area in which it does not have an Agency Profile Form (step 5). The DMS point of contact for the agency will call the agency to get resolution.

DMS may reject a batch of referred debts for the following reasons:

- ***missing certification.*** In this case, the agency will be contacted and asked to provide the certification.
- ***missing data entry forms.*** In this case, the batch of referred debts will be returned to the agency until such time as the agency sends in proper data entry forms.
- ***excessive problems with data transmission.*** If more than 40% of the agency's debts in a given transmission do not process, for whatever reason, then the entire transmission will be rejected.

DMS may reject individual debts for the following reasons:

- ***missing mandatory data elements.***
- ***total debt referred does not equal the components (i.e., principal + interest + administrative costs + penalty)***
- ***the debtor is deceased.***
- ***the debtor is in bankruptcy.***
- ***the debtor is a Federal agency.***
- ***the debtor resides outside the U.S. or its territories.****
- ***the case/account is in foreclosure.***
- ***the case/account is in litigation.***

DMS staff may contact the agency-designated representative to obtain missing mandatory data elements or get corrected dollar amounts. If the agency contact cannot resolve the matter within a day, then the debt in question will be returned to the agency. *DMS' goal is to work with the agency to minimize rejections for any reason and will contact the agency when it believes a phone call is all that is needed to resolve an issue.*

* An agency may contact a DMS Agency Specialist for special consideration for the manual input of these debts.



Reporting Results

- DMS transmits collections, minus fees, weekly via OPAC to the ALC provided by the agency. To coincide with the OPAC transmission, DMS faxes the “OPAC Report” which provides supporting documentation for the OPAC transmission. This report is sent to the agency-designated OPAC contact (see step 5). A copy of the OPAC Disbursement Screen and the OPAC Report follows in this section.

Questions regarding the content of the OPAC should be addressed to Kenneth Kline (202) 874-7392 of the DMSC Systems Branch.

- The standard monthly reporting package is generated at the end of each month and mailed within the first week of the following month. This package includes:

New Debt Report

Debt Financial Activity Report

A summary of the content of each of these reports and a sample copy of each report follow in this section. Other reports, such as a debt history, collection activity, and financial transaction detail reports, are available at agency request.

- For general questions or requests regarding reports, please contact Suzanne Thomas or Larry Phelps on 202-874-6243/ 6548.

DEPARTMENT OF THE TREASURY
FINANCIAL MANAGEMENT SERVICE
Debt Management Services Action Form

Date: _____ Agency: _____
 Agency Contact: _____ Facsimile # _____
 Debtor: _____ Agency Case Number: _____
 DMSC Debt # _____ Amount: _____

<input type="checkbox"/> REQUEST AGENCY CONCURRENCE	
<p><input type="checkbox"/> Debt Management Services (DMS) is ready to return this debt to your agency. The debt is either uncollectible or has been compromised for an amount over \$600.00. Do you want DMS to report the unpaid balance to the Internal Revenue Service on IRS FORM 1099-C? () Yes () No (<i>Sign and date below</i>)</p>	
<p><input type="checkbox"/> DOJ REFERRAL (<i>Sign and date below</i>)</p> <p>Case will be referred to the Department of Justice (DOJ) for:</p> <p>() Initiation of litigation</p> <p>() Post Judgment enforcement</p>	<p><input type="checkbox"/> REPAYMENT/COMPROMISE OFFER (<i>Sign and date below</i>)</p> <p>() The debtor wishes to enter into a repayment agreement. The debtor offers full payment with a down payment of \$_____, and monthly installment payments of \$_____.</p> <p>() The debtor wishes to enter into a compromise that requires agency approval. The debtor offers \$_____ to settle the debt in full. Payment will be made as follows: \$_____ and monthly installment payments of \$_____.</p> <p>Comments: _____</p>
<input type="checkbox"/> REQUEST FOR ADDITIONAL INFORMATION	<input type="checkbox"/> RETURN TO AGENCY
<p>() The most recent address/phone number of debtor</p> <p>() A detailed explanation of the debt</p> <p>() Copies of the debtor's file</p> <p>() Copy of actual bill/invoice</p> <p>() Referred to Tax Refund Offset Program (TROP) or Treasury Offset Program (TOP) before referral to DMS?</p> <p>() Name of beneficiary and date of death</p> <p>() Overpayment caused by () check? () EFT?</p> <p>() Name and Address of Financial Institution and account number to which the direct deposit payment was made.</p> <p>() Other _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>() The debt was compromised and paid or debt was paid in full on _____. (See OPAC report.)</p> <p>() The debtor has entered into Chapter _____ bankruptcy. (See attached bankruptcy petition)</p> <p>() The debt was paid prior to receipt by DMS. (See attached)</p> <p>() The debtor is deceased. File "Proof Of Claim" with the estate. (See attached).</p> <p>() Per your request</p> <p>() The debt is uncollectible for the following reasons:</p> <p>() Debtor is indigent/unable to pay. No known assets. *</p> <p>() Debtor is out of business. No known assets. *</p> <p>() Unable to locate or unable to contact. *</p> <p>() Debtor is incarcerated, no assets (See attached) *</p> <p>() Debtor is deceased. Estate closed and no assets. (See attached).</p> <p>() Does not meet minimum amount for PCA/DOJ referral or Statute Of Limitations prevents further collection.</p> <p>() No Taxpayer Identification Number (TIN) available for referral to the Treasury Offset Program (TOP).</p> <p>() Private Collection Agency (PCA) unable to collect. *</p> <p>() Debt was discharged in bankruptcy (See attached).</p> <p>() Other: _____</p> <p>* May be eligible for 1099-C reporting</p> <p>Additional Debtor Information (<i>If changed since debt referral</i>)</p> <p>() Debtor's Current Address: _____</p> <p>() Debtor's Current Phone # _____</p> <p>() Debtor's TIN: _____</p>

DMS Contact Name: _____

Phone: _____ Fax: _____

Supervisory Signature: _____

C/S Implementation Guide

Agency Decision (*if requested*):

() Agree with proposed action

() Disagree with proposed action

() Comment _____

Agency Signature _____

Date: _____

The *Contact Validation* box will appear so the user can validate the current contact information.

OPAC Disbursement Screen

Contact Janet Harper		Tel. No. 202-874-5709	
Customer ALC (Agency's ALC)		Amount (Net Disbursement)	

ACL/CD			
Oblig. Doc. No.		Purchase Order No.	
Invoice No.		JAS No.	
		CLIN	
Pay Flag	Quantity	0 Unit Price 0.00	Extd Price 0.00
Unit Issue		App/Sym (Agency may designate account)	

Description Info: (4 lines, 80 characters with scroll)			
DMS Cross-Servicing			
Agency: _____			
Bureau: _____			
Refer to DMSC Agency OPAC Summary and Detail Reports (month/day/year) for supporting detail.			

Figure 12 OPAC Disbursement Screen

Agency OPAC Summary Report (Example)
(For 3/19/98)

Agency:
Bureau:
ALC:

OPAC Ref. ID: _____

Collections: \$88.00
Adjustments: \$0.00
DMS Fees: \$15.84
PCA Fees: \$0.00
TOP Fees: \$0.00
DOJ Fees: \$0.00
NCIF Fees: \$0.00
Net Transfer: \$72.16

Billing Agency: DMSC

ALC: xxxxxxxx

Contact Name: Debt Management Servicing Center (TRFM)

Phone: (888) 826-3127

The above Net Transfer amount represents debts collected on behalf of your agency by Debt Management Services, Financial Management Service. The attached listing provides a detailed breakdown of the debtor payments which support this transfer of funds to your agency. Should you have any questions regarding a payment, contact your agency liaison. Questions regarding the OPAC transfer itself should be made directly to the DMS OPAC point of contact.

Agency OPAC Detail Report - Collections (Example) (For 3/19/98)

Agency:

Bureau:

ALC:

Agency File ID: 1234F	Agency Debtor ID:	Program Code: FMS1
DMSC Debt ID: 98-xxxxxxx	Debtor Name: Doe Inc.	
Principal: \$71.98	DMS Fee: \$15.84	Post Date: 03/12/98
Interest: \$0.06	PCA Fees: \$0.00	Eff. Date: 03/09/98
Penalty: \$0.12	TOP Fees: \$0.00	
Admin Costs: \$0.00	DOJ Fees: \$0.00	Amount: \$88.00
Overage: \$0.00	NCIF Fees: \$0.00	Net Transfer: \$72.16

Agency File ID: 1234G	Agency Debtor ID:	Program Code: FMS1
DMSC Debt ID: 98-xxxxxxx	Debtor Name: Jane Doe	
Principal: \$80.50	DMS Fee: \$18.00	Post Date: 03/14/98
Interest: \$0.08	PCA Fees: \$0.00	Eff. Date: 03/12/98
Penalty: \$0.12	TOP Fees: \$0.00	
Admin Costs: \$1.30	DOJ Fees: \$0.00	Amount: \$100.00
Overage: \$0.00	NCIF Fees: \$0.00	Net Transfer: \$ 82.00

Subtotal - Collections

Principal:	\$152.48	DMS Fees:	\$33.84	Total No. of Transactions: 2
Interest:	\$0.14	PCA Fees:	\$0.00	
Penalty:	\$0.24	TOP Fees:	\$0.00	Total Amount: \$188.00
Admin Costs:	\$1.30	DOJ Fees:	\$0.00	
Overage:	\$0.00	NCIF Fees:	\$0.00	Net Transfer: \$154.16

New Debt Report

Purposes: (1) To provide cross-check against agency certification form; (2) To act as acknowledgment to agency of debts received and accepted.

Content: Listed by agency and bureau for a given period of time (usually monthly). In numeric order by DMSC Debt ID. Lists:

- the debt identifying number assigned by DMSC;
- the agency file identifying number;
- the debt balance at time of agency referral. This includes principal, interest, administrative costs assessed by the agency and penalty. It does not include the DMS fee.
- debtor name.

NEW CASE REPORT (EXAMPLE)

(For the Period 3/1/98 To 3/6/98)

AGENCY:

BUREAU:

DMSC Debt ID	Entry Method	Agency File ID	Initial Debt Balance	Debtor Name
98_XXXXXXX	Manual	123456	\$3,456.00	John E. Doe
98_XXXXXXX	Manual	123456	\$2,345.00	Jane E. Doe
98_XXXXXXX	Manual	123456	\$4,567.00	Doe Inc.
98_XXXXXXX	Manual	654321	\$5,980.00	Doe A. Deer
Total Debts Referred: 4		Total Amount: \$16,348.00		

Debt Financial Activity Report

Purposes: (1) To summarize financial activity for an agency/program; and (2) to provide information on DMSC for reconciliation purposes.

Content: Generated by dates and referring agency/program. Lists, by component,

- “Beginning Balance” = beginning balance as of the start date of the report.
- “New Referrals” = any new referrals by the agency during the reporting period. This will show only for principal, interest, administrative costs, and penalty.
- “Net Collections” = amounts collected over the reporting period, net of returned checks and other reversals.
- “Net Accruals” = accruals over the reporting period of adjustments. This will show only for principal, interest, administrative costs, and penalty.
- “Net Adjustments” = reflects adjustment not attributable to bad checks, payments, or incorrect debt transactions.
- “Returned to Agency” = reflects amounts for debts returned to agency.
- “Ending Balance” = reflects inventory balance of accounts at DMS.

Financial Activity Report

(For The Period 03/01/98 To 03/31/98)

For:

Component	Beginning Balance	New Referrals	Net Collections	Net Accruals	Net Adjustments	Net DOJ Activity	Returned to Agency	Ending Balance
Principal	\$8,688.85	\$754.50	\$383.22		(\$22.38)	\$0.00	\$1,611.50	\$7,426.25
Financing Int	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Additional Int	\$165.44	\$8.72	\$9.59	\$0.00	\$0.00	\$0.00	\$16.27	\$148.30
Admin Costs	\$1,560.00	\$180.00	\$140.00	\$0.00	\$0.00	\$0.00	\$280.00	\$1,320.00
Penalty	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DMS Fee	\$340.00		\$99.33		\$1,525.81	\$0.00	\$343.40	\$1,422.74
PCA Fee	\$246.53		\$0.00		\$29.53	\$0.00	\$0.00	\$276.08
TOP Fee	\$0.00		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
NCIF Fee	\$0.00		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
Overage	\$0.00		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
DOJ	\$0.00		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
Total	\$11,001.08	\$943.22	\$623.74	\$0.00	\$1,532.96	\$0.00	\$2,251.17	\$10,593.37

Beginning Debt Count At DMSC: 78
 New Referrals To DMSC: 9
 Debts Returned To Agency In The Period: 15

Beginning Debt Count At DOJ: 0
 Debts Referred To DOJ In The Period: 0
 Debts Returned From DOJ In The Period: 0

Total Ending Debt Count At DMSC: 72
 Total Ending Debt Count At DOJ: 0